

CHEMIST & DRUGGIST

The newsweekly for pharmacy

a Benn publication

February 7 1981

**Proposals for
free movement
of pharmacists
within EEC**

**Unichem and
Macarthys
boost profits**

**Striking-off
supported by
High Court**

**Patient sues
over halquinol
side effects'**

**Clinical
pharmacy—5**

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COMMENT

Better future?

It appears that pharmaceutical wholesalers' profit margins are on the mend—and that must be good news for independent chemists too.

In the six months to October 31, Macarthy's made 56 per cent more on turnover up by only 29 per cent (p272) while Unichem—whose figures are not easily or directly comparable—expect to distribute 32 per cent more to members in the full year of 1980 than they did in 1979, this on sales up 22 per cent. Unichem are also retaining a healthy £2m. Barclays recently reported being "in the black" once again in the six months to November 8, 1980, and we have to go back to the Sangers' six months to August 31 and the Vestric full year to June 30 before we find margins reported that were lower than a year earlier.

It remains to be seen, of course, whether the latter two companies are following the pattern—and whether the upturn has been influenced to any marked extent by notional pricing.

Macarthy's chairman, Mr Alan Ritchie, describes the demand for prescription medicines as being "quite buoyant", but was there really 29 per cent extra business around, even allowing for inflation, or is the business coming from competitors? Unichem also claim sales up 29 per cent in the second half, so the declaration of further results will be awaited with interest. It seems unlikely that the successful are prospering at no-one's expense!

learn, if the news is hot enough, just what the new format British National Formulary, operative from March 2, will contain. Regrettably we cannot tell you: the Formulary is embargoed until next Monday when there is a Press conference for both the lay and professional media. There have been hints in Parliament, of course—we know, for example, that for the first time there will be an indication of price in the Formulary. But as for the details, wait and see.

It is an unusual public relations exercise because in the normal run of events—such as the launch of new drugs—the medical profession insists (rightly) on knowing before the patient. Indeed, the Association of the British Pharmaceutical Industry has a clause in its code of practice to that very effect (unfortunately, the pharmacist is as often lumped with the "public" rather than being the first to know so that he may have stock available to meet early prescriptions).

It is a doubly strange arrangement when it is considered that the BNF is published jointly by the Pharmaceutical Society of Great Britain and the British Medical Association. Copies of the Formulary will begin to be despatched to contractors next week—but wouldn't it have been nice if pharmacists could have at least been given some measure of priority by their own professional body? ■

Read all about it

Don't miss the television news next Monday evening—or Tuesday morning's papers. Therein you will

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EEC takes a step to free movement

The European Commission has brought forward its long-awaited proposals to establish free movement of pharmacists within the European Community.

It is expected that the definitive text of the proposals will be available in the near future when it will be examined in detail by *C&D's* EEC correspondent.

The Commission has suggested three measures:

- A draft Council Directive defining and co-ordinating pharmacists' basic activities and minimum educational qualifications.

- A draft Council Directive on the mutual recognition by member States of pharmacists' qualifications.

- The setting up of a consultative committee, through which the Commission hopes to keep abreast of new developments in pharmacy and the profession.

The proposals now go to the Council of Ministers, but before work there begins in depth, the Economic and Social Committee and the European Parliament have to give their opinions. ■

Pharmacist 'fraud' study denied

The Department of Health and Social Security has denied reports that it is investigating allegations about pharmacists defrauding the health service.

Last week, *Doctor* and *General Practitioner* both reported that allegations had been made about pharmacists destroying prescriptions for low-cost drugs and keeping the £1 charge and that the Government was investigating. *Doctor* said they had a statement from a general practitioner in London saying that he knew this had occurred more than once and had no reason to think it was not widespread.

A spokesman for the DHSS said the Government would neither want nor be able to conduct such an investigation. Any claims that pharmacists were defrauding the health service would be left to the attention of the individual Family

Practitioner Committee. The Government was certainly not telling FPC's to investigate.

Peter Tribe, deputy editor, *Doctor*, admitted that he was not aware of an official inquiry. However he insisted that the Government was aware of the situation and looking into it. ■

Script service after doctors' threat

Six Dorset pharmacies are operating a prescription collection and delivery service in the Burton area.

The action is a result of two Burton doctors making an application to the Family Practitioner Committee to start dispensing for patients in rural areas who were having difficulty in reaching pharmacies. The FPC's dispensing subcommittee rejected the application on January 22.

The pharmacies started the scheme on Monday to put right any possible inadequacies in the pharmaceutical services. They are all in the Christchurch area—J. W. H. Ballard, Boots, B. D. Nickels, H. Withnall Wain, Simmonds of Bransgore and T. Stafford of Mudeford—and are participating on a weekly rota basis. Patients take prescriptions to Burton Post Office before 12 noon and the pharmacist operating the service returns the dispensed medicine by 6pm or earlier.

The scheme has been publicised on local radio and newspapers and 2,500 leaflets distributed to houses in Burton. The first pharmacist on duty, Mr J. Fenwick of Boots, told *C&D* on Tuesday that the service had worked well the first day with three patients presenting prescriptions. ■

Back to list

A. J. Box & Drivers Ltd, pharmaceutical wholesalers based in Sidcup, Kent, are to abandon notional pricing of "ethical" products from March 1. Although the exact details have not yet been finalised, the discount system will be based on manufacturers' list prices. ■

London contractors press politicians

The London Group Pharmaceutical Executive, claiming to represent 600 London pharmacist contractors, has sent a telegram to the Minister for Health urgently appealing to him to alter the constitution of the working party on prescribing to include the expertise of pharmacists.

In another political move reported by the Group, Greenwich and Bexley Local Pharmaceutical Committee recently brought some 35 local contractors face-to-face with their Member of Parliament, Mr Edward Heath. The meeting, which lasted 1½ hours, was held at the home of the chairman, Mr Brian Lewis.

Mr Stanley Blum, public relations officer for the Group, put three points to Mr Heath: delays in setting up the pharmacy review panel; delays in settling the 1973 dispute on premises allowances, and delays in settling the 1980 notional salary when JIC scales for 1981 have already been implemented.

Other topics discussed included the working party on prescribing methods, and achieving economies in the drugs bill by generic substitution and limited list prescribing, etc, and the need for NHS rewards to be sufficient to ensure a fully comprehensive and viable pharmaceutical service for patients. Mr Heath promised to bring some, if not all, of the points to the attention of the Minister. ■

USDAW on Sundays

The Union of Shop, Distributive and Allied Workers is continuing to oppose an extension of Sunday trading and claims to do so as much in the interests of the housewife as of the retail staff it represents.

USDAW deputy general secretary, Mr John Flood, told a recent conference that if the housewife realised the extra cost of opening shops seven days a week there would be little support for legalising more Sunday trading. He committed the union to a vigorous campaign of opposition to the proposed Bill introduced into the House of Commons by Sir Anthony Meyer and due to have its second reading on February 20. ■

High Court rejects striking-off appeal

A pharmacist lost his appeal, this week, against a striking-off order made by the Pharmaceutical Society's Statutory Committee. The appeal was dismissed with costs in the High Court in London.

Mr Aminmohammed Rajabeli was found guilty of professional misconduct by the Committee in November, 1979. At the time of the misconduct he was superintendent of Agrapo Ltd, which has pharmacies in Esher and Teddington.

Dismissing the appeal, Mr Justice Bingham, sitting with Lord Justice Donaldson in the Queen's Bench Divisional Court, said: "I am quite unable to say that the decision of the Committee came to was wrong. Indeed, having read all the material which was before them, I would have felt compelled to say it was right."

Giving judgment, Mr Bingham said that in November 1978, a Society inspector bought a bottle of analgesic tablets from the Teddington shop without the supervision of a pharmacist. Both Mr Rajabali and the company were fined.

The Committee had also heard evidence that large quantities of Phensedyl were sold from the Esher shop to one customer. Mr Rajabali had challenged the evidence and claimed that the customer had a prescription. The Committee, said the judge, had been entitled to accept the Society's evidence and reject Mr Rajabali's. ■

Coty form own team as Sangers exit

Rigease Ltd, distributors of Coty products, and Sangers Agencies have re-iterated that the reason for their parting company was the unacceptability, to Sangers, of one of the terms of contract proposed by Rigease (*C&D*, January 24, p126). Neither company is declaring details of the rejected clause, but, in a letter to dealers, Rigease state: "... the separation from Sangers Agencies Ltd was not in any way caused by their sales force and results obtained, both of which are excellent ...".

Rigease are currently forming their own sales force, many of whom are ex-Coty representatives and "familiar with the chemist trade". Northern Ireland will also be covered by their own representatives, taking over from Castlereagh Agencies Ltd—Sangers associate company.

Rigease chairman, Mr F. H. Sinnaeve, told *C&D* that their aim was to become a "reliable firm

offering an excellent service to the recognised retail trade and every effort will be made to achieve this in the shortest possible time". A number of promotional activities are planned by the company and "very shortly" an advertising campaign will be commencing in the consumer Press and on television—a budget of some £500,000 has been allocated. ■

How the pharmacist can help elderly

An extension of the pharmacist's role in supervising drug treatment in elderly patients is suggested by a recent Scottish report from the National Pharmaceutical Consultative Committee.

Among the recommendations are that pharmacists should visit long stay units regularly to review prescribing patterns of the medical staff and that a domiciliary counselling service, while impractical in the present economic climate, might be possible on a rota basis in a health centre employing several pharmacists.

The report was prepared by a subcommittee on care of the elderly appointed in 1978 to assess the existing pharmaceutical services. Written evidence on the services was supplied by several organisations, including the geriatric medicine subcommittee of the National Medical Consultative Committee which commented that in long stay units close collaboration with the appropriate pharmacists should be encouraged and pharmacists should review prescribing patterns. The NPCC subcommittee accepted this.

For patients in residential homes, the NPCC subcommittee recommended that supply of medicines should be on an individual basis and that one of the pharmacists serving the home must regularly inspect the handling, storage and security of drugs. Use of controlled dosage systems such as the Webster should be encouraged.

Other recommendations were that doctors should make drug regimens as simple as possible and relate the timing of doses to routine activities. Adequate labelling of medicines with print that could be easily read by elderly patients was important and the subcommittee pointed out a growing awareness that the system of labelling dispensed medicines was unsatisfactory.

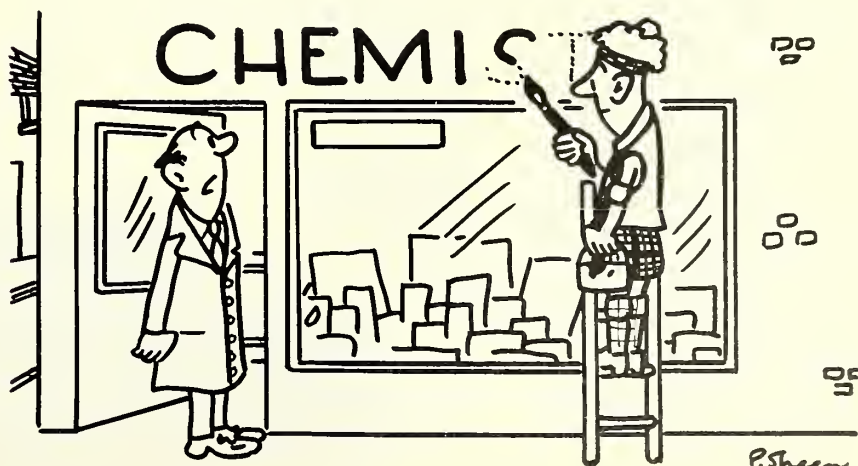
Pharmacists should ensure that patients knew how to take their medicines and about any precautions. They should issue leaflets like the American one—"Understanding your prescription".

Methods of improving compliance—such as colour-coded containers—should be investigated and pictorial inserts with advice on use and storage should be issued for items like eye drops. The pharmaceutical industry should look into the possibility of producing such leaflets. On discharge from hospital, elderly patients should spend about 15 minutes with a pharmacist as this could significantly improve compliance.

Treatment cards with details of dressings and appliances could be issued to patients on discharge from hospital. The subcommittee recommended that the colostomy form system used by the Greater Glasgow Health Board should be adopted by the other boards in Scotland and the Scottish Home and Health department is now, in fact, recommending that all health boards use such a system.

The pharmacy profession should help prepare more health education material, for the elderly, on self-medication as well as prescribed drugs. Finally, the subcommittee endorsed the NMCC geriatric committee's comments that pharmacists had an important role in educating medical students and graduate doctors about drug use in old age.

"Pharmaceutical services for the elderly" available from Mrs Cruickshanks, secretary to National Pharmaceutical Consultative Committee, St Andrew's House, Regent Road, Edinburgh EH1 3DE. ■



"Can you write out some medicine labels for me?"

Patient sues Squibb over halquinol 'side effects'

An American woman claimed in the High Court in London this week that she suffered a "nervous disorder" and went virtually blind after taking Quixalin (halquinol) six years ago.

Mrs Sandra Lee Lawley, aged 40, of Anderson, South Carolina is suing E. R. Squibb & Sons Ltd. Her counsel, Mr Anthony Machin, QC, told Mr Justice Hodgson that Quixalin was an anti-diarrhoea preparation no longer available in the UK but enjoying wide OTC sales in other countries particularly the Middle East.

Mrs Lawley took the drug in March 1975 while living in Jeddah, Saudi Arabia where her husband was then working. Her husband had bought the drug from a pharmacist in Jeddah and she had taken it for 2½ days at the recommended rate, amounting to about 20 tablets, and a week later had taken another 1½ day course of ten or 12 tablets, said counsel. Two weeks after taking the tablets she began to experience tingling sensations in her feet and then numbness which gradually worked its way up her lower limbs. She noticed that vision in both her eyes was becoming blurred.

Finally in November 1975, Mrs Lawley was admitted to the American Military Hospital in Wiesbaden, West Germany. "By that time, she was blind for all practical purposes and had suffered weakness and sensory changes in her lower limbs which impaired her walking", said Mr Machin. Although her legs had improved considerably since then, there had been no improvement in her eyes.

If she can prove that her injuries were caused by Quixalin, Mrs Lawley will allege that Squibb were negligent in putting the drug on the market, given the state of medical knowledge in 1975, and that they had not adequately researched its effects. They also failed to take into account the toxic properties of a related drug—clioquinol, said Mr Machin.

Millions of people had taken this related drug in various proprietary forms with no ill effect, but beginning in the 1950's in Japan there were increasing reports of nervous disorders which reached epidemic proportions. This led to litigation ending in Ciba-Geigy, the main manufacturers, admitting that their drug was responsible for many thousands of cases.

Mr Machin said that there was no known case of halquinol having given rise to a similar nervous disorder but

there was such a "strong affinity" between this group of chemicals that the whole group must fall "under a deep cloud of suspicion." Although it was clear from internal documents disclosed by Squibb that, by 1972, they knew there was a risk that people taking Quixalin might suffer this kind of syndrome, they failed to include any warning on the accompanying leaflet. "Those who bought Quixalin had to wait until March 1977 for such a warning and it was inadequate to bring home to the layman the devastating effects," said counsel.

Squibb deny that Mrs Lawley's condition is due to their drug. They claim it was caused wholly or in part by her "excessive alcohol intake" and in particular her consumption of a locally brewed Saudi-Arabian drink containing impurities. The company withdrew Quixalin from the UK in June, 1979. The case continues. ■

Primodos injunction appeal dismissed

Thames Television, in the Appeal Court last week lost their bid to lift an injunction banning them from screening a documentary about Primodos at the centre of pending damages claims.

By a majority—Lord Denning (Master of the Rolls) dissenting—the court dismissed Thames' appeal from the ban granted last August, on screening the film "The Primodos Affair."

The injunction was in favour of Schering Chemicals Ltd, who are contesting two damages claims by parents who say their children were born with malformations as a result of their mothers taking Primodos, which was withdrawn in 1978. The proposed documentary dealt with the development, distribution and

discontinuance of the drug.

The appeal judges, headed by Lord Denning, saw the film and on Tuesday, in a minority judgment allowing the appeal, he said: "I stand as ever, for the freedom of the Press, including television, except when it is abused. I thought it was abused in the Granada case, but I see no abuse here. Even if there was any abuse, it was not such as to warrant the injunction of a prior restraint."

He also said Mr David Elstein, who produced the film with Thames, told Schering in November, 1979, that he was going ahead to make it without their consent. Yet they did not move to stop him. They decided to wait until they had seen the finished film. If they approved it, they would agree to it being shown. If they did not approve, they would stop it.

"I do not consider they were entitled to stand by in this way—knowing all the expense involved in making this film—and yet render it valueless at their option. At any rate, not unless it was highly objectionable. I do not think it was. It seems to me that it was a very balanced and fair presentation to which no reasonable objection could be made."

Thames could not knowingly take advantage of that breach of duty by Mr Elstein. There was nothing to prevent any journalists or television companies, including Thames, from making a film about Primodos provided they did not employ the services of Mr Elstein. Lord Justice Shaw agreed in dismissing the appeal. Schering were awarded two-thirds of the costs. ■

This week Vestric moved into a new £1.6m purpose-built head office complex in West Lane, Runcorn. The complex contains all administrative, marketing, product management and accounts departments. The computer department will continue to operate from Shaw Road, Speke. "All of us at Runcorn regard our new headquarters as a symbol of confidence in the future of Vestric as the UK's leading pharmaceutical wholesaler", says managing director, Peter Worling



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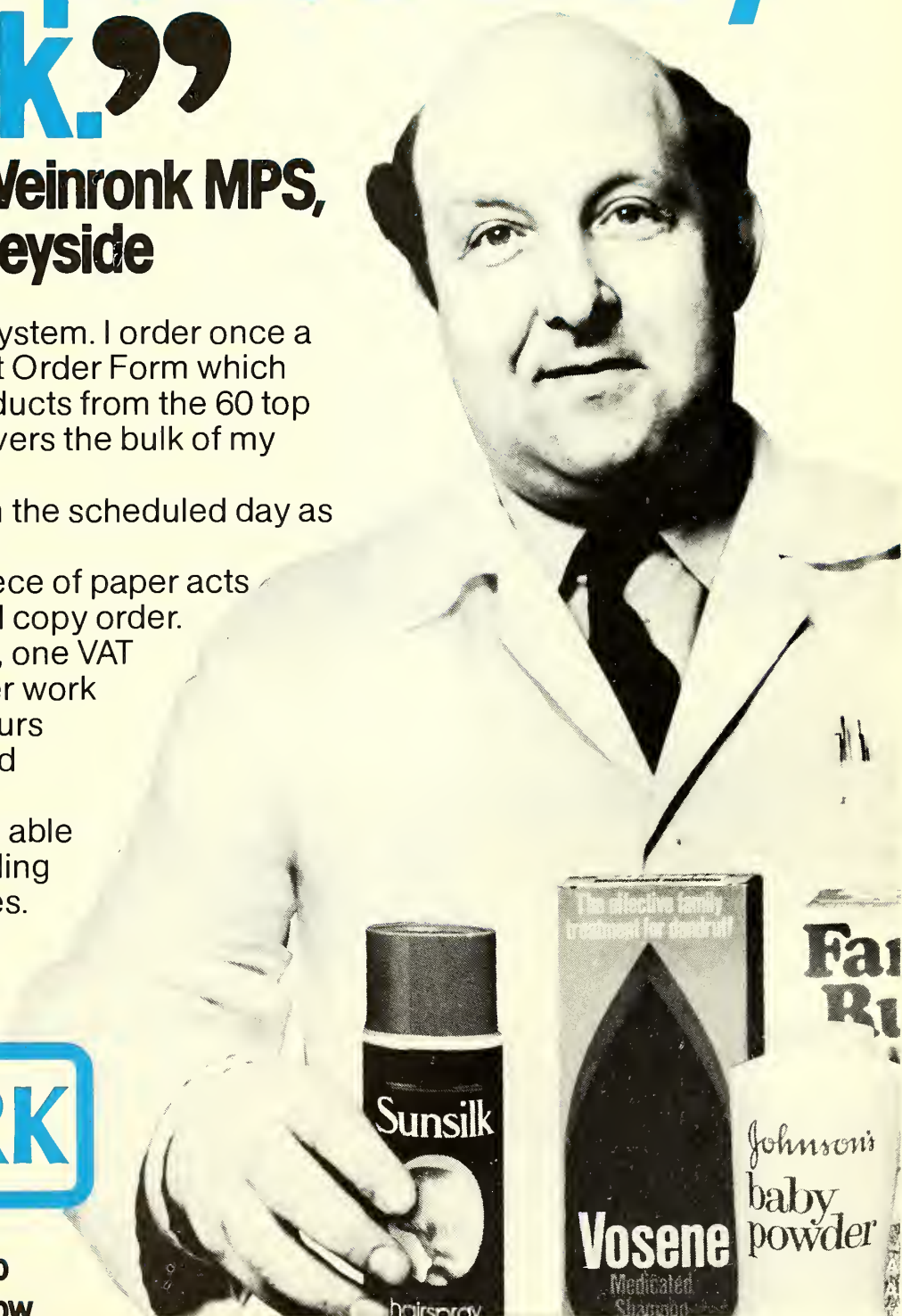
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New PATA president

Mr E. H. Butler has been elected president of the Proprietary Articles Trade Association for 1981. Mr Butler qualified as a pharmacist from the London School of Pharmacy in 1952. After a year's post-graduate apprenticeship with Evans, Gadd & Co Ltd in Exeter he returned to Leicester in 1953 to join his family wholesale firm E. H. Butler & Son Ltd, of which he is now chairman.

After a number of years as social secretary, he was elected chairman of the Leicester and Leicestershire branch of the Pharmaceutical Society in 1966. From 1962 he was secretary of the Northern Wholesale Druggists Association until its amalgamation with the National Association of Pharmaceutical Distributors in 1966 when he was appointed its first treasurer, a position he held for three years. Mr Butler has been a member of the NAPD Council since its inception, apart from a period of three years, and is now chairman elect.

He became a member of the PATA council in 1970, succeeding his father, E. Harold Butler, who served ten years on the council.

Other officers on the council for 1981 are: vice-presidents, E. B. Jones, J. R. Marshall, P. M. Worling, treasurer, T. N. R. Horsfield, secretary, C. C. Green. The council is made up as follows: Manufacturers: E. C. De Witt & Co Ltd (L. J. Godfrey); International Laboratories Ltd (B. Makin); Miles Laboratories Ltd (E. B. Jones); Nicholas Laboratories Ltd (R. R. Johnson); Optrex Ltd (C. E. Clapham); Smith, Kline & French Laboratories Ltd (R. H. H. Roberts). Wholesalers: Ayrton, Saunders & Co Ltd (T. N. R. Horsfield); E. H. Butler & Son, Ltd (E. H. Butler); East Anglian Wholesale Supplies Ltd (J. O. Briggs); Northern Pharmaceuticals Ltd (E. Robinson); Smith & Hill (Chemists) Ltd (R. A. Daykin); Vestric Ltd (P. M. Worling). Retailers: R. Anderson, C. N. Bedford, G. W. Herdman, J. R. Marshall, E. M. Thornton, J. C. N. Wilford. ■

Deaths

Hamilton. On January 26, Mr William Riddle Hamilton, MPS, Denholm, Hawick, Roxburghshire. Mr Hamilton registered in 1920.

Kelly. On January 23, Mr Patrick Francis Kelly, MPS, Liberton, Edinburgh. He registered in 1915.

By Xrayser

Give-away

I'm still smarting at the rotten deal I made when I bought those Olympus Trip cameras from a wholesaler at "special terms", only to find, too late of course, that Boots and W. H. Smith were selling them to the public at almost the same price. I sold mine off at their price to unlock my money again, and can only look wryly at some hundreds of pounds photographic turnover showing the sort of profit I make on a couple of small perfume sales.

When writing before I took a swipe at Polaroid too, whose special price for their model 1000—special for us, that is—was undercut by the very firms that cut on the Olympus. The Olympus importers have not made any reply to my complaint, from which we can only surmise that so long as they move them out, they couldn't care less how they are sold after that.

Polaroid, however, have replied, as you may have seen in this journal two weeks ago, giving as a defence the unanswerable proposition that they cannot enforce retail prices, but suggesting that if we want to make a profit from Polaroid 1000s we should sell the customer a film and a flash.

Are we not being told that we should be content to give the camera away for no profit in order to enjoy the margins on the accessories? If that is to be the deal then Polaroid should be prepared to give us the camera, with a stamped addressed envelop for the guarantee card and the customers' cheques (less a handling commission), so that when all this super-retail support they are giving us results in sales, they will get paid.

That's fair, because at the moment it looks to me as if they are using our money to support their sales and their profit on the camera while telling us they are doing us favours!

PC DCs?

There was a lovely letter in the correspondence column last week from a pharmacist distressed because he has just experienced his third break-in by people who were aiming at his drug cabinet. He makes the point that because the apparent reason for the entry was the desire to obtain Controlled Drugs, pharmacists should

therefore not stock them, so removing the reason for the break-ins! He reports that every policeman, from constable to inspector with whom he has spoken agrees with this.

Of course they would agree, since every burglary involves them in unwanted work. They would agree in principle no doubt with a similar proposition from the jeweller who has had two or more distressing robberies, or the hi-fi shop, or even the local banks who are known, I believe, to have certain desirable goods in their possession. What marvellous Aladdin's caves of wealth and drugs and hi-fi sets our police stations would become!

The logic seems flawed somewhere, if only because I think we have to accept responsibility for the security of our businesses, and that whether we like it or not, this means we have to install alarm systems that work. My experience is that they are effective, for not only do they deter attempts, but also abort them because of the resultant noise and prompt police arrival.

While I agree it is a pain in the neck (or the night) to be called out to a break-in at your shop—which could equally well be caused by thieves after your cameras or cash—it hardly seems believable that a pharmacist should cite it as a reason for giving up stocking Controlled Drugs whose dispensing, in my view, must be one of the most humanitarian duties we perform, even if it is sometimes for those poor, wretched, and so troublesome addicts.

Old fashioned

It is interesting to see that Johnson & Johnson are to introduce a range of fabric first-aid dressings, which of course is claimed to be superior to any similar product. . . . Knock, knock. They might be right, but the fact that a survey has shown that 39 per cent of a £14 million market is made up of fabric plasters surprises me, however it may stimulate them, for the filthy rubbery mess left on the skin after their use has always seemed to me the ultimate deterrent.

I can't understand why Micropore is not marketed as patchettes or strips with a non-adhesive Melolin-type dressing. But with the innate conservatism of our Great British public to be borne in mind it is understandable that J&J are sticking to the good old-fashioned concept. ■

Four new products from Clairol Appliances

Clairol Appliances are introducing four new products this month. These are the Flexibrush with steam (£8.95) which comes with two sets of interchangeable bristles in two lengths, for both short and long hair. The Flexibrush, in brown and beige is multi-voltage and will be available in March. Clairol anticipate the brush/wand market to increase to 1.6 million units this year from 1.4 million.

The Clairol Stylesetter (£14.95) comprises 14 rollers in three sizes coming in a beige case and tinted lid. With red dots that turn black when ready to use, the no-tangle rollers have wide rims to prevent the hair slipping. Clairol claim a 26 per cent share of the heated roller category and plan to strengthen their brand name in this category with the Stylesetter launch.

The original Skinvention was launched in 1978 and is now submersible with a sealed power handle so that it can be used in the bath or shower. Complete with storage case and two batteries, Skinvention (£8.95) comes in a new



display pack to reflect the water-proof feature.

The fourth product to be introduced is the Clairol skin machine for deep cleansing the face. With a battery powered handle and two soft nylon facial brushes which can be used with soap and water or liquid cleansers, the skin machine comes in storage case with two batteries (£5.95).

Clairol say they will be spending over £1 million on advertising running from April through December supporting their major products. *Bristol-Myers Co Ltd, Stamford House, Station Road, Langley, Bucks SL3 6EB.* ■

Looking ahead

Fever Scan forehead thermometers have been repackaged and are being supported by advertising until December in *Woman's Own*, *Good Housekeeping*, *Woman*, *She* and the *Sunday Mirror*. There is a 12-pack counter tray and shelf extender for POS and extra discounts will be available until March. *Dendron Ltd, 94 Rickmansworth Road, Watford, Herts WD1 7JJ.* ■

Kamera Klear offers

Leichner are promoting a consumer offer on seven products from their Kamera Klear range during February and March. A counter unit and showcard will be despatched with each order and the offer will be available to "Boots and all major accounts" from mid-February, on selected shades at the following prices: —lip glaze £0.75 (saving 60p), eye pastels £0.75 (saving 50p),

lipsticks £0.75 (saving 45p), kohl pencils £0.50 (saving 30p), block mascara £0.50 (saving 45p), nail gloss £0.50 (saving 29p) and nail dazzle £0.50 (saving 29p).

The company is also offering all eleven shades of Kamera Klear tinted foundation in a jar at the special offer price of £1.35 offering a saving of 40p on the normal retail price during February/March only. A promotional showcard will be despatched with each order. The offer is available from mid-February. *L. Leichner (London) Ltd, 202, Terminus Road, Eastbourne, Sussex BN21 3DF.* ■

Trust Treats packs

Two new packs of Trust Treats are now available. The 20 (£0.22) and 60 (£0.54) treat bags are in a bright new design to attract new customers while retaining existing ones and are available in display boxes of 30 × 20 and 12 × 60 along with the current roll pack. *Beecham Animal Health, Beecham House, Brentford, Middx.* ■

Airwick on-pack promotion

Swop Shop, an on-pack promotion linking five Airwick brands, is now being sold in by Beecham Toiletries.

Special offer packs of Dry Magic, Carpet Fresh, Airwick solid, Air Wand and Blue Guard are all flashed with "£1 Swop Shop"—and each carries a token valued at either 10p or 20p. A £1 note will be swopped for each £1 worth of tokens collected by consumers from any combination of "Swop Shop" packs—to the maximum of £2 worth per address.

The "Swop Shop" packs for Airwick solid, Air Wand (complete), Dry Magic and Carpet Fresh (both sizes) each carry a 20p token . . . and those for Air Wand (refill) and Blue Guard a 10p token.

The promotion will be supported by concentrated bursts of brand-oriented television advertising together with a merchandising programme in-store. *Beecham Toiletries, Beecham House, Great West Road, Brentford, Middx.* ■

Grocery push

Hermesetas and not Crookes-Anestan (C&D, January 31, p190) have appointed foodbrokers Gilbert J. McCaul to increase penetration into the grocery sector. Crookes Products Ltd will continue to represent Hermesetas in the chemist and pharmaceutical sector. *Crookes Products Ltd, PO Box 94, 1 Thane Road West, Nottingham NG2 3AA.* ■

Babyslips campaign

Peaudouce (UK) Ltd are supporting their Babyslips with an advertising campaign totalling £1.5m this year. Expenditure covers national television advertising from February 15 until April 20, consumer and specialised baby magazines and annuals and professional journals.

There is a new television commercial based on the successful "baby's liberation" theme of last year. A sampling programme will be running throughout the year as well as consumer promotions. Peaudouce have recently appointed Sterling Health chemist sales force to develop sales through pharmacies. *Peaudouce Ltd, 827 High Road, London N12.* ■

Improved Gravindex pregnancy test

Ortho Diagnostic are replacing the Gravindex pregnancy slide test with an improved version.

Due to improved manufacture of anti-serum the 30-second mix/rock step has been eliminated and the test can now be read in 90 seconds. It is therefore called the Gravindex 90 and, as before, is available in both 25-test and 200-test kits.

A three test position glass slide is now included in the 25-pack, replacing the disposable paper slides. Additions to the 200-pack include rubber pipette bulbs, sufficient mixing sticks and urine pipettes for 200 tests and vials of positive and negative lyophilised control urines.

Once reconstituted, the controls have a 30-day shelf-life when refrigerated. They can be used as a reagent check on receipt and throughout the life of the pack. Prices are unchanged.

Ortho Diagnostic Systems Ltd, Denmark House, Denmark Street, High Wycombe, Bucks. ■

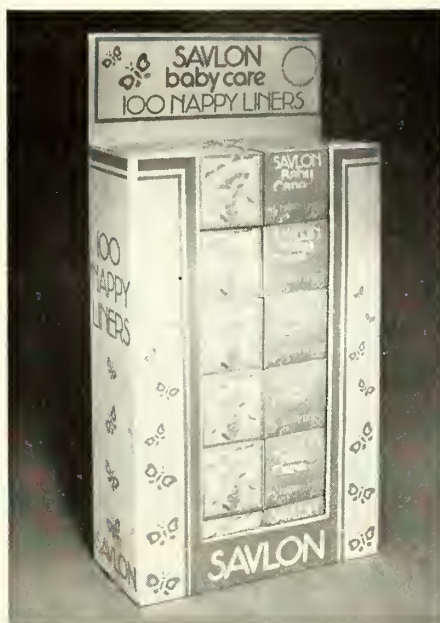
Bags of room

Due to demand ICML are replacing the current plastic carrier bag with a larger one, the size of which will be 400 x 470 x 50mm. The carriers are packed in units of 100 (£3.16) and are being launched in the March "Memo" when a bonus of 10 per cent will be offered. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts. ■*

Snugglers prize draw

Colgate-Palmolive are to launch a national consumer promotion on Curity Snugglers with a prize of £2,000 for a mother to spend on her baby. To enter the "Love is . . ." prize draw consumers have to fill in the entry form and post it in the box provided. POS material for the promotion, which closes May 1, comprises colour blow-ups of children's toys, games and clothes.

The promotion is part of the company's thrust to extend Snugglers brand leadership in the disposable nappy market which is expected to top £35 million at RSP this year.



The new dump bins which have been introduced for Savlon baby care nappy liners. Each bin features 36 boxes of 100 nappy liners. Care Laboratories Ltd, Badminton Court, Amersham, Bucks

Brand leadership in the chemist sector, the company says, for Snugglers, stands at 53 per cent value share and 36 per cent volume share. In the grocery sector Snugglers have a 60 per cent value share and 40 per cent volume. *Colgate-Palmolive Ltd, 76 Oxford Street, London W1A 1EN. ■*

J&J competition

"Look as good as you feel" is the theme of Johnson & Johnson's latest consumer competition. Featuring Johnson's baby lotion and baby oil, the competition offers a first prize of a weekend for two in Paris with £1,000 to spend on autumn fashions. Second prize is a weekend for two in London plus £500 to spend.

Collarettes advertising the competition appear on all three sizes of baby lotion and both sizes of baby oil. Entrants must answer questions about famous French and English landmarks. Every entrant will receive a 10p off next purchase coupon plus a £5 voucher for each member of the family off the cost of any continental air holiday booked through a designated agent.

Johnson & Johnson are also offering 50 per cent extra free on all sizes of their baby shampoo. Colourful shelf strips will be available for POS. *Johnson & Johnson Ltd, 260 Bath Road, Slough, Berks SL1 4EA. ■*

Heinz top December advertising

The latest TABS top ten listing for the four week period November 12-December 9 compiled for C&D is as follows.

Heinz baby foods	71
Olympus cameras	62
Ovaltine	62
Frend stain remover	59
Andrex	58
Bovril	56
Agfa cameras	54
Vosene shampoo	53
Haliborange	52
Atrixio lotion	52
Vick Vapour rub	52

Just outside the top ten were Wella hair conditioners (51), Duracell batteries (50) and Crest toothpaste (50). *Television Advertising Bureau (Surveys) Ltd, 18 Maddox Street, London W1R 9LE. ■*

ON TV NEXT WEEK

Ln London	WW Wales & West	We Westward
M Midlands	So South	B Border
Lc Lancs	NE North-east	G Grampian
Y Yorkshire	A Anglia	E Eireann
Sc Scotland	U Ulster	CI Channel Is

Ajax cream cleanser:	All areas
Alka Seltzer:	Ln, So, Sc
All Clear:	All areas
Anadin:	All areas
Beecham catarrh capsules:	G, WW, We
Beecham Powders mentholated:	M, WW
Chapstick:	Ln, Lc, Sc
Complan:	Y, NE
Clearasil Clearguard Cream:	Ln, M, Lc, Y, So, NE
Colgate Dental Cream:	All areas
Dixcel Checks:	Ln, So, A, M, G, WW
Gibbs SR:	All areas
Gillette Slalom:	All areas
Haliborange:	Ln, Y, Sc, NE
Harmony hairspray:	All areas
Little Healers:	Lc
Mentholyptus:	All except B
Palmolive soap:	Ln, M, WW, NE, Y, Sc, G, Lc
Sanatogen multi-vitamins:	All areas
Slimgard Hot Savoury:	Lc, M, Y, NE
Slender:	All except U, E, CI
Suprets:	Sc, WW
Sunsilk:	All areas
TCP:	All areas
Veno's adult formula:	Sc
Vicks Medinite:	So, Sc, G
Vitaplus multi-vitamins:	M, Lc, Y, NE

Voilà perfume by Picot to be aimed at younger market

A perfume from the house of Picot called Voilà is to be launched by Beecham Scott & Bowne.

Tailored for the younger market, the Voilà range will consist of Voilà parfum in a squared glass French bottle with stopper and two sizes of Voilà cologne spray in clear glass with blue caps. Packaging is blue with the Voilà name in graphics.

By introducing Voilà Beecham Scott & Bowne intend to revive the Picot name as the house which offers "an attractive range of quality, long-lasting fragrances at competitive prices". Voilà is described as a fresh floral fragrance based on rose, jasmin and lily-of-the-valley, with hints of fruits and spices.

"Voilà has everything going for it" explains marketing manager Gill Berwick. "An 'in' fragrance that has all the necessary associations with feminine French sophistication, and a price-structure which will appeal to the young woman of today who collects a whole wardrobe of fragrances as part of her personality projection.

"Voilà is for the girl with imaginative flair and style—as epitomised in the advertising—who may wear jeans with mink to achieve that subtle balance of the chic and the casual."

Recommended selling prices are parfum (£7.95); and cologne spray (25ml, £3.95; 50ml, £5.75). An introductory trial offer size of cologne spray will also be available (£1.50).

Advertising support

The introduction of Voilà will be supported by a £400,000 advertising campaign in the women's Press from May through to August. The £200,000 launch burst will appear in *Vogue*, *Woman's Journal*, *Woman's World*, *She*, *Cosmopolitan*, *Company*, *Honey*, *19*, *Look Now*, *Over 21* and *Woman*. In addition, £100,000 will be devoted to promotional activity in-store, and consumer sampling through key women's magazines.

Each launch parcel will include counter-units for the standard range—complete with cologne spray tester and introductory trial-offer cologne spray—and display material to tie in with the Voilà advertising. Beecham, Scott & Bowne, Great West Road, Brentford, Middlesex TW8 9BD. ■



Jovan promotions

Four promotions supporting Jovan are currently being introduced. An addition of a cologne purse spray (£2.75) has been made to the women's range available for a limited period at £2.35. Pre-packed display units holding 23 packs plus tester are available.

In the male sector there will be a saving of 36p on 50ml Musk oil for men aftershave/cologne. Counter display units of 12 packs with tester will be available with the offer price of £2.59 marked. Jovan shaving cream and anti-perspirant deodorant spray, previously available in gift sets only, have now become standard lines and will be offered at a special introductory price of £1.60, a saving of 40p. Beecham, Scott & Bowne, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD. ■

Holiday savings

A promotion enabling families to save money on their holiday bills is being launched by Pretty Polly. Selected styles in the Pretty Polly range, for the chemist trade this is Non Stop, carry £25 holiday vouchers in the packs which are valid until December 1982.

Tour operators participating in the scheme are Thomson, Sovereign, Fred Olsen, Pegasus, Thomas Cook, Global, Horizon and P&O. Advertisements backing the promotion will appear in the *News of the World*, *Sunday Mirror*, *Sunday People*, *Sunday Express*, *Scottish Sunday Mail* and *Irish Sunday World*. Pharmagen Ltd, Chapel Street, Runcorn, Cheshire WA7 5AP. ■

Urocare appoint Sangers Agencies

Sangers Agencies have been appointed agents for Urocare incontinence products. This takes the number of lines they handle back up to six following their recent parting with Coty products.

Discreet Disposables Ltd, part of International Disposables Corporation group of companies, launched the Urocare system in the UK a year ago and say it has now gained approval—and contracts—from "many of the country's regional health authorities". Urocare products have also been introduced in North America, Canada, Eire, Northern Europe and New Zealand.

The Urocare system comprises of 100 per cent polyester-knit pants and a "specially designed" absorbent pad held in a leak-proof internal pouch. The company says pads can be changed without removing clothing and the re-usable pants last "many months."

Mr Alan Garnett, managing director of International Disposables, says that studies produced for the group show that: "It is evident that increasingly incontinence pants will be purchased from the local chemist. Incontinence is a problem that is now far more openly discussed than hitherto . . . It is estimated that four per cent of the total population of the UK suffers from the problem, and as many as 25 per cent of people aged 65 and over." Sangers Agencies, Ramsbury House, High Street, Hungerford, Berks RG17 0NF. ■

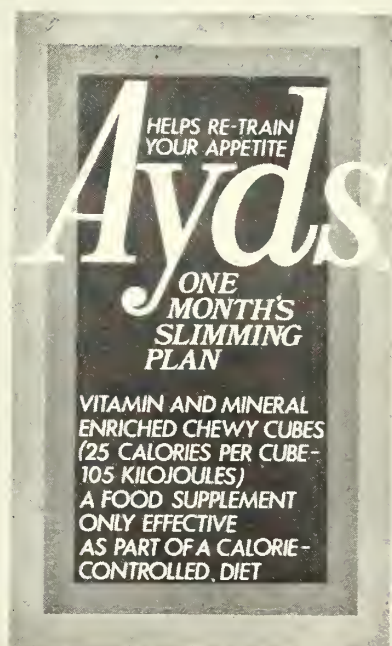
ICC joint campaign

A joint advertising and POS campaign is currently underway for Anadin and Dristan. Dristan nasal mist is also being supported by a television campaign emphasising the ten hour relief campaign and both the tablets and mist are featuring in a national Press campaign. During the year Anadin is to be supported by a national television campaign which the company says will reinforce Anadin as analgesic market leader. A further campaign is scheduled in the event of a severe winter flu outbreak. International Chemical Co, Ltd, Chenies Street, London WC1E 7ET. ■

Ayds weigh in with more support for your sales.

**On February 9th
our £350,000
Spring TV Campaign
moves into its second
powerful stage!**

Special display
units and
premium offer
promotion
are available



on bonus terms
from your
wholesaler and
Cuticura
representative.

Bristows haircare range relaunched with 'shine' theme

The Bristows hair care range has been reformulated and relaunched to reposition it in the mass-market supported by a £2 million budget, half of which will be devoted to television.

The relaunch package is based on a "shine" theme and will be supported by introductory trial-offers on-pack.

Beecham believe that almost every shampoo has some defect, being either too technical to be readily understood or too unspecific to

generate any positive consumer appeal. Other claims, they say, are either impractical or irrelevant to modern hair care needs.

Four out of five women Beecham believe want a shampoo which leaves the hair shining, hence the Bristows relaunch, reinforced with a £1 million television advertising campaign bearing the message "When your hair really shines . . . you shine too . . . and other people shine back."

The shampoos are available in

four variants to clean and shine normal hair, refresh and shine greasy hair, control and shine unmanageable hair and to enrich and shine dry hair and come in a sachet (£0.15) and two bottle sizes (75ml, £0.54 and 125ml, £0.72). Bottle labels are flashed with the trial offer prices of £0.29 and £0.39.

Four variants of hairspray are available for dry, greasy, normal hair plus extra hold for hard-to-control hair in three sizes of (100ml, £0.72; 175ml, £1.02 and 300ml, £1.56). The two top-selling hairspray sizes are being introduced with 20 per cent extra free. *Beecham Proprietaries, Beecham House, Brentford, Middlesex TW8 9BD.* ■

PRESCRIPTION SPECIALITIES

Eumovate eye drops

Manufacturer Glaxo Laboratories Ltd, Greenford, Middlesex

Description Sterile, off-white suspension containing clobetasone 17-butyrate 0.1 per cent with benzalkonium

chloride 0.1 per cent as a preservative
Indications Treatment of non-infected inflammatory eye conditions including diseases of the external eye and anterior segments. In these conditions comparable anti-inflammatory activity to betamethasone sodium phosphate eye drops has been shown

Dosage One or two drops four times a day. For severe inflammatory conditions, one or two drops should be instilled into the eye every one or two hours until signs of improvement—the frequency may then be reduced

Contraindications Viral, fungal, tuberculous or purulent eye conditions. Hypersensitivity to any components of the preparation. Glaucoma. Because of the benzalkonium chloride content the drops should not be used on patients wearing soft contact lenses

Precautions Patients on long-term treatment should have their intra-ocular pressure monitored frequently. After unduly prolonged treatment with some topical corticosteroids cataract has occurred and, in those diseases which cause thinning of the cornea, perforation has been known to occur. Topical steroids should not be used in large amounts

and for prolonged periods during pregnancy

Side effects Rises in intra-ocular pressure have been reported in susceptible patients but these are generally much less than with other corticosteroid eye preparations, including hydrocortisone

Pharmaceutical precautions Discard contents four weeks after first opening bottle

Packs Plastic dropper bottles.

5ml (£1.80), 10ml (£3.33)

Supply restrictions Prescription only

Issued February 9, 1981 ■

Eumovate-N eye drops

Manufacturer Glaxo Laboratories Ltd, Greenford, Middlesex

Description Sterile off-white suspension containing clobetasone 17-butyrate 0.1 per cent and neomycin sulphate 0.5 per cent with benzalkonium chloride 0.1 per cent as a preservative

Indications Treatment of inflammatory eye conditions where secondary bacterial infection is likely to occur

Dosage, contraindications etc As for Eumovate eye drops

Packs Plastic dropper bottles.

5ml (£1.80), 10ml (£3.33)

Supply restrictions Prescription only

Issued February 9, 1981 ■

Silastic range

Dow Corning have introduced two new products, designed for use by community nurses, into their Silastic range.

DC 355 brushable adhesive (20ml,

£2 trade) has already been accepted for inclusion in the Drug Tariff and Silastic foam dressing (20ml, £2.35; 500ml, £27.56) should be included in the near future. Outers of the 20ml sizes are also available at lower prices. *Dow Corning Ltd, Reading Bridge House, Reading, Berks RG1 8PW. Distributors: Farillon Ltd, Bryant Avenue, Romford, Essex RM3 0PJ.* ■

Berkmycen syrup

Stocks of Berkmycen syrup are exhausted and the product is now discontinued. Other presentations remain available. *Berk Pharmaceuticals Ltd, Station Road, Shalford, Guildford, Surrey GU4 8HE.* ■

Zyloric packs

The pack designs for Zyloric and Zyloric-300 tablets have been changed, as a result of the transfer of the product from Wellcome medical division to Calmic medical division. The new packs, which will be in black and white, will be phased in over the next few weeks. Tablet codings are unchanged. *The Wellcome Foundation Ltd, Temple Hill, Dartford, Kent DA1 5AH.* ■

Velosef 250 dropped

The 250mg pack of Velosef injection is being discontinued. The 500mg and 1gm formulations will remain. *E. R. Squibb & Sons Ltd, Reeds Lane, Moreton, Merseyside L46 1QW.* ■

THE RUNAWAY SUCCESS.

Britain's biggest growing toilet tissue brand[†]—that's Kleenex Family Toilet Tissue.

And now with well over £1 million behind two new TV commercials, here's one runaway success you mustn't run out of.

Softness with Strength

Kleenex[★]
Family Toilet Tissue

blue

The Big Softy.

[†]Source: TIA-Unit Growth 1980

[★]Regd. Trademark Kimberly-Clark Corp.

A WATERTIGHT THE ONLY ELASTIC WITH £2,000



HIT CASE FOR ELASTICATED NAPPY 1000 SUPPORT.

New Paddi Cosifits – the elasticated All-in-one brand leader – drives forward in its development of totally new business in today's biggest growth market in Chemists.†

Unlike ordinary All-in-ones, New Paddi Cosifits has a very special advantage. It has elasticated legs for a leakproof fit. This advantage will be sold by the most comprehensive range of activity of any brand throughout 1981.

- * National television throughout 1981, twelve months prime time.
- * "Conga" commercial. The Number One rated commercial.
- * Dominant double-page spreads throughout the year in the Mother and Baby press.
- * 35p coupon and sample distribution to mothers and mothers-to-be.
- * Health Visitor and Midwife sampling and promotions.
- * On pack promotions all year.
- * Leading Public Relations programme.

All of this is happening NOW.
Face up your store with all three sizes of New Paddi Cosifits.



†"Disposable Nappies – Biggest Growth Market in U.K., 1980." Source: Independent Retail Audit.

Two Tudor formats under test

Tudor club 110 camera

The first mention of this item was in connection with the "Photopak" outfit and young enthusiasts' club promotion for Christmas in *C&D*, November 22 1980 p832. It is a neat and completely simple tiny camera that has a matte-black finish, with horizontal colour bands of green and

red and the identifying Tudor rose emblem.

Viewed from the front, the viewfinder opening is at the left-hand side with the lens opening (recessed) just right of centre. On the top panel, the release is on the viewfinder axis towards the back of the camera, while the slot for the flipflash is at

the right-hand side near to the front. The back is hinged horizontally and drops downwards so that sliding-in the cassette is made safe and easy. The closing is secure as there is a latch at each end, operated by a sliding film-identification window.

Through a child's eyes

As this outfit is intended to be used by young people, our reviewer sought the aid of his grand-daughter. As she has used a camera before, she knew that the first thing to do was to read the instructions. These are given in a 14 page brochure which she found very clear and readable. Two adverse comments only were made; firstly, she would have preferred another line drawing to the photograph of the back of the open camera on p7, and secondly she disagreed with the recommendation on p10 that one should wind-on after every picture. She pointed out that if you did this, then you might accidentally "let-off" the camera if something happened to be placed on it and its release button.

Exposures were made with flash and out-of-doors in weak sunlight (which was all that was available) and the black-and-white results were very acceptable, especially when one takes into account the relatively low cost of the whole outfit. In order to ensure optimum results, a tripod was used and the Kodak Verichrome Pan film was processed in Acutol. The usual 7 x 5in enlargements (at about 10.5 times) were made (see below).



In order to promote the sales of an outfit of this kind, which should certainly bring in repeat orders from those who buy them, the presentation is all important. Consistency of overall design is also important so that the customer associates the name and symbol—Tudor and the rose—with the place from which the camera



We would like to introduce our new baby—the Introductory Pack of Milupa Infant Foods.

Our new baby is specially designed to give your customer's baby an ideal way of trying out the delicious varieties of Milupa Infant Foods before mum buys a larger, standard pack. The new 40 gram

Introductory Packs contain up to 4 servings. They're available in most of the Milupa varieties from your local wholesaler.

Ask your Milupa representative now, or contact us for details of these new packs.

milupa®

Sales Dept. CD2, Milupa House, Hercies Road, Hillingdon, Middlesex UB10 9NA.

PHOTOGRAPHIC

came. In this instance it is a double-skinned card carton with a rearward hinged lid, having identification and pictures on the top face and on all of the four sides. The contents include the camera itself, a wrist-sling, a Tudorcolor 20-exposure film for prints, a pocket album, a 10-bulb flipflash, a membership card and badge and the handbook to which reference has already been made.

First time help

The camera and accessories are nested in cut-out card inserts. To help the young user first time round there is a 50p processing coupon and a further offer of club membership for £1 with a laminated-card and two further 50p vouchers. Even a reply-paid envelope is included!

Apart from the excellence of this promotional scheme that should materially benefit Tudor pharmacist-dealers, the results, both in black-and-white and in colour were pleasing and good. ■

Tudor Club 110 Camera Country of Origin Exclusive Distributor

Lens
Shutter
Features
Accessories

Dimensions

Weight
Suggested selling price
Availability

: Singapore.
: Tudor Photographic Group, 30
Oxgate Lane, London NW2 7HU.
: Fixed focus.
: Single speed.
: Complete simplicity.
: Wrist-sling; 10-bulb flipflash.
Cassette of colour print film.
Club membership details and
items.
: 4½in x 2in x 1½in.
114mm x 50mm x 28mm.
: 3 ounces; 85 grammes.
: About £11.
: Immediate.

Dying breed?

Tudor 126X Camera

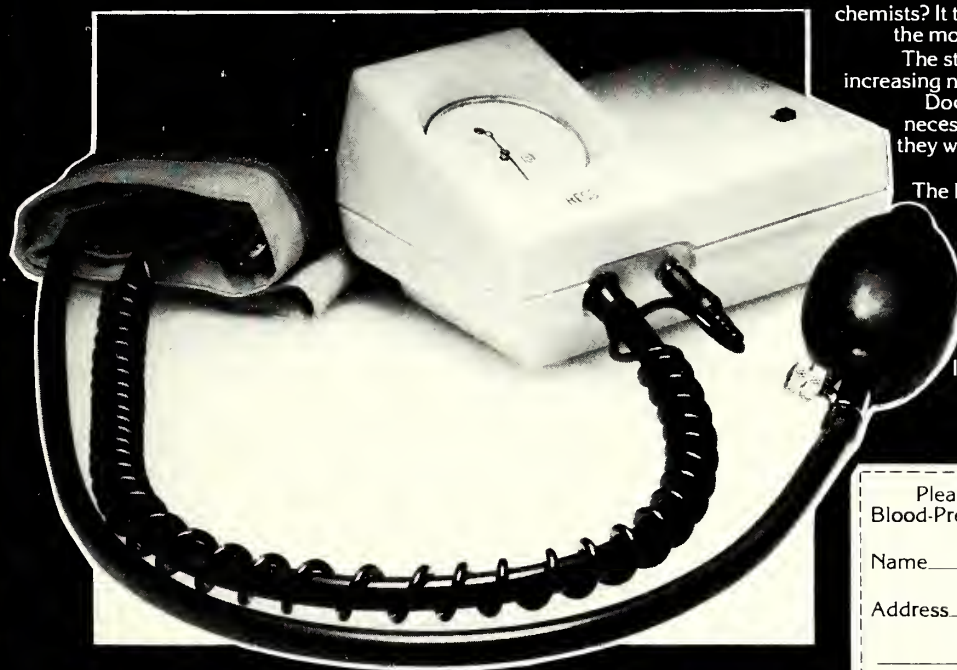
With the increasing popularity of the 110 format, new models of the earlier 126 type seem to be less frequently announced of late. The model tested is in the lower price range but neat, compact and well-presented. Its finish is the usual matt grained plastic with

satin metallic trim for the title-panel and lens-panel surround. The front of the camera is clearly identified "126 Film Cartridge".

Viewed from the front, the well-recessed lens is centrally placed, with the viewfinder at the top right-hand corner—at the right-hand end, too, there is the lug attachment for the cord wrist-sling. The top panel is

Continued on p247

You sell health care products. What's so startling about selling this one?



A do-it-yourself blood-pressure monitor on sale in chemists? It takes a little getting used to, we confess. But the more you consider it, the more sense it makes.

The stress of modern life presents doctors with an increasing number of patients with high blood pressure.

Doctors themselves are hard put to it to run the necessary regular checks on these patients—and they will surely welcome a device which allows the patient to do it for himself.

The Hess Blood Pressure Monitor is so accurate, reliable and easy to use that this is now a practical possibility.

Add to this the enormously increased awareness of, and interest in, health and fitness generally, and we think you'll agree that a few Hess Monitors deserve a place in your store.

In any event, the profit potential of the Hess Monitor must warrant further investigation. Write to us and we'll be glad to give you all the details.

Please send me details of the Hess Blood-Pressure Monitor.

Name

Address

CD/7/2/81

Eugene Hess Limited
George Street, Walsall WS1 1RU
Telephone: Walsall (0922) 644888

Eugene
HESS Ltd

WHY EVERYONE SO DREAM



TOILETRIES won't get left on the shelf. BEECHAM

EVERYTHING ELSE LOOKS PROFOUNDLY DULL.

As research reveals that four out of five women want hair that really shines, new Bristows is bouncing back with 'Deep Shine' shampoo and 'Hold and Shine' hairsprays.

New Bristows' packs with brilliant on-pack trial-offers, will sparkle from your shelves.

Add to that a stunning £1,000,000 splash on TV and the competition really begins to look dull and lifeless.

BEECHAM TOILETRIES



TOILETRIES won't get left out **Bristows** AM

We're spending £120,000 promoting these profit makers for you!

**CONCENTRATED
GOODNESS**
for all the
family



Take advantage of it! Get this counter display on your counter as soon as you can. Every single product in it – Waterfall, Ginseng, B-Supreme, Head High, GP&E, Vitamin E, Formula 3+6 and Blackstrap Molasses Iron Supplement – is being nationally advertised in women's magazines. It's FSC's biggest, most dynamic Natural Food Supplements campaign to date.

For the complete profit-making picture – including full colour brochure and price list – send the coupon below now. Or telephone Gordon Amos on Godalming (04868) 28021.



Natural Food Supplements

***FOOD SUPPLEMENT COMPANY**

Seymour House, 79-81 High Street,
Godalming, Surrey.

*A Division of the Health and Diet Food Co. Ltd.

*To Food Supplement Company, Seymour House,
79-81 High Street, Godalming, Surrey.

All about the FSC profit makers, please.

Name _____

Address _____

Tel: _____

CD/2

PHARM

An expanded
service to the Pharmaceutical Industry

Your own medical and
clinical research department at the
end of a telephone.

An extra hand at all
stages from laboratory to patient.

- **PHARM** specialises in:—
- **CLINICAL TRIALS**
- **LIBRARY FACILITIES**
- **REGULATORY AFFAIRS**
- **MARKETING**
- **PROMOTIONAL ADVICE**
- **ADVERTISING**

PHARM

Pharmaceutical Human and Animals Research Methods Ltd.,
Cumberland House, Lissadel Street, Salford, M6 6GG.
Telex 666135 Air Talk G. Tel: (061) 833 9491



winlam
for twin lamb
disease

Winlam is the unique and established
remedy for pregnancy toxæmia in ewes
(twin lamb disease). Peak sales of the
product are January-March.

Winlam comes within the 'Pharmacy
Only' category under the Medicines Act
and thus supplies, are restricted to
pharmaceutical channels.

Current advertising in the 'Farmers
Weekly' and 'Livestock Farming' directs
sales to chemists.

For terms write or 'phone

HODGES & MOSS Ltd
Harlescote Lane, Shrewsbury, Salop
Tel: Shrewsbury (0743) 60481

The Triangle Trust helps people of the Pharmaceutical Industry

The Triangle Trust 1949 Fund is an independent charitable
trust administered by a Board of Trustees. Its primary aim is
the relief of hardship or distress in the case of people and their
dependents employed, or formerly employed in the phar-
maceutical industry in Great Britain and the British Com-
monwealth. Such relief may include assistance with the edu-
cational expenses of children.

The Trustees are also prepared to consider applications for
financial assistance, beyond the scope of an employer's
responsibilities, with education or training in general subjects,
including music and the arts.

For additional information, or to apply for assistance, write to:
The Secretary, Dept CD, The Triangle Trust 1949 Fund,
Clarges House, 6-12 Clarges Street, London W1Y 8DH.

PHOTOGRAPHIC

Continued from p243

equally uncluttered, with the release button (orange) at the left-hand end and the rotating flash-cube holder just right of centre.

The back of the camera is hinged at the left-hand side, with the eyepiece of the viewfinder top left and the wind-on and shutter-setting milled knob protruding at the right hand end. The slightly projecting, but shrouded, white door-latch is on the underside of the camera at the right-hand corner. The door-latch is very positive.

The usual standard series of exposures were made indoors with flash and outdoors in winter sunlight with very good results, using Kodak Verichrome Pan processed in Acutol for maximum definition. The instruction book is small and neat, illustrated with two clear line drawings and gives basic information about using the camera. This could be an excellent beginner's outfit.

The 126 format offers good value in comparison with the more common 110 as, strangely enough, a cartridge of film (black-and-white) costs £1.09

Tudor 126X Camera
Country of Origin
Exclusive Distributor

Lens
Shutter
Features
Accessories

Dimensions

Weight
Suggested selling price
Availability

: Singapore.
 : Tudor Photographic Group, 30
 Oxgate Lane, London NW2 7HU.
 : Fixed focus.
 : Single speed.
 : Complete simplicity.
 : Wrist-sling; Magicube: Cartridge
 of colour-print film.
 : 4½ins x 2½ins x 2½ins.
 : 108mm x 70mm x 54mm.
 : 4 ounces : 114 grammes.
 : About £5.95.
 : Immediate.

(Code VP126-12), while a cassette for the smaller gauge costs £1.19 (Code VP110-12). The difference in negative area is also significant—that for 126 (format 28mm square) is 784 square mm while that for 110 (format 14x17mm oblong) is 238 square mm—a difference of 3.29 times in the available emulsion area. Effectively, it means that to obtain a comparable picture size, the 110 needs to be enlarged 10 times and the 126 only five times. The test illustration is cut from the centre of a 140mm wide (5½ inches) enlargement, in which the brickwork is clearly defined as well as the aerial down-lead. The smaller degree of enlargement also means that the graininess structure of the final image is less obtrusive.

The presentation is in a red card carton, with a transparent top window to disclose the contents. ■

Test illustration for the 126X



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 William R. Warner & Co. Ltd.
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Respiratory disorders: Part 3

The fifth in a series of articles by Mr B. W. Burt, Mr R. J. Greene and Dr N. D. Harris, Chelsea College, department of pharmacy, University of London.

In the previous two articles we reviewed the obstructive respiratory diseases, which are the most common and the most treatable respiratory disorders. We will now consider briefly other aspects of respiratory pathology, and also the ways the community pharmacist can help patients with these diseases. The figures in the preceding two articles (*C&D*, November 15, 1980, p790; January 10, p46) will be referred to frequently.

Restrictive lung disease

It will be recalled that in restrictive disease the pathological problem is not difficulty in getting air through the airways, as with obstruction, but in filling the lungs themselves. Usually the lungs are less compliant (stiffer) and restrict the tidal volume despite perhaps clear, unobstructed airways. More rarely, there is restriction of chest wall movement.

Restriction often results from interstitial lung disease caused by a permanent change, such as fibrosis, of the alveoli and supporting tissue, but a reversible congestion of pulmonary blood vessels, perhaps complicated by pulmonary oedema (fluid in the alveoli), can also be responsible.

Whatever the cause, impaired gas exchange due to an effective thickening of the alveolar membrane is also common, even if ventilation manages to change the air within the alveoli. Usually, however, since the alveoli no longer have elastic recoil, the gas in them is poorly expired and stagnates. The result is a reduction of gas exchange, the blood oxygen level falls and that of carbon dioxide usually rises at first, the latter stimulating faster respiration. However, in chronic restrictive disease, the carbon dioxide level may be normal or reduced, because of this increased

respiratory rate and the fact that carbon dioxide diffuses more readily than oxygen.

Drugs and other treatments are rarely beneficial, since chronic restriction often results in irreversible damage to the lung tissue. However, acute congestion and oedema are usually secondary to other conditions, such as heart failure, and will respond to treatment of the underlying disease.

The degree of restriction is assessed in the same way as discussed previously using FEV₁, FVC and PEF_R. In addition, the extent of diffusion defect can be estimated by a special procedure which measures the systemic absorption of minute concentrations of inhaled carbon monoxide in relation to the tidal volume.

The characteristic symptoms of respiratory restriction are fast shallow respiration and a rapid pulse. There will also be dyspnoea and possibly cyanosis, the severity of which depend on the degree of restriction.

Because factors such as atmospheric pollution and smoking are common to both restrictive and obstructive lung disease, the two often co-exist, which complicates both diagnosis and treatment.

As with obstructive lung disease, the heart compensates for the respiratory impairment by pumping a higher cardiac output through often more resistant lungs. Thus heart failure (cor pulmonale) is a major complication of restrictive lung disease.

Hypersensitivity reactions

The lungs are exposed to a multiplicity of antigenic materials, and many allergic diseases can occur, the following being the more common types.

Extrinsic allergic alveolitis can be caused by reaction to any inhaled organic matter, but commonly fungal

spores are implicated. Many occupational groups, such as farmers (farmer's lung, from mouldy hay), malt or mushroom workers and bird fanciers are at risk.

Initial exposure to the allergen causes a primary sensitisation, and subsequent exposure may result in sudden fever, malaise and dyspnoea, usually delayed for up to six hours. Thus there may be no obvious causal link with the patient's habits or occupation. In other cases an insidious deterioration of lung function takes place.

Treatment usually necessitates steroids to limit permanent lung damage eg, oral prednisolone starting at up to 60mg daily, then reducing slowly after two weeks to a suitable maintenance level.

Pulmonary eosinophilias are characterised by an allergic reaction to a variety of agents, often ingested rather than inhaled. The alveoli and other interstitial tissues become massively infiltrated with eosinophils, a reaction which normally indicates an immediate hypersensitivity (type I). Patients are often already intrinsic asthmatics. The symptoms may range from a mild and self-limiting cough to severe and even life-threatening respiratory distress. However, it is

Continued on p255

Table 1. Questions to ask patients presenting with respiratory symptoms and signs to look for

Past medical history

Are you being treated for asthma, bronchitis, or heart trouble?

Has your doctor told you that you have any of these diseases?

Have you had, or do you have, TB?

Do you smoke? How much?

Cough (See table 2)

Productive?

Pain—tracheal (sore from coughing), or in the area of lungs on normal breathing, especially at the bases (pleurisy)

—on sharp inspiration too (pleuritic)?

Sputum—yellow or green (purulent)?

—blood spotted (haemoptysis)?

Dyspnoea

On effort only?

Wheeze?

Difficulty in breathing out?

Rapid or shallow respiration?

Other symptoms/signs

Blue lips or finger nails (cyanosis)

Barrel chest

Fever

Sore throat

Nasal congestion/rhinorrhoea

“

Headache · Toothache · Backache · Influenza · Period Pains

”

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6.80mg

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Adults: one or two tablets to be swallowed every 3 to 4 hours up to a maximum of 8 tablets in 24 hours.

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Children under 6 years: not recommended

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Hypersensitivity to any of the components. Not to be used by patients suffering from active peptic ulceration and haemophilia

Warnings:

Not recommended to be used in pregnancy. The stated doses should not be exceeded

Package Quantities:

Cartons containing 10, 20 and 50 tablets in opaque blisters. Price to pharmacy as at 12.80 of £ 23, £ 385, £ 8225 respectively

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And with in-store

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IN THE

promotions and extensive sampling schemes, we can confidently expect more mothers to try Peaudouce BabySlips.

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Clinical pharmacy

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readily treated with steroids and lung lesions usually heal without permanent damage.

Drugs which can act as sensitisers include PAS, nitrofurantoin, penicillin and chlorpropamide. In the tropics, the cause is often helminth larvae which have migrated to the lungs. *Pulmonary aspergillosis* is an eosinophilia resulting from a local non-invasive *Aspergillus* lung infection. As well as the alveoli, it affects the airways, causing mucous hypertrophy, obstruction, and wheeze. Treatment is similar to that for chronic bronchitis, with bronchodilators and expectorants. High dose steroids are also used, since their rapid anti-inflammatory and immunosuppressive effect controls the hypersensitivity reaction: this benefit outweighs their longer term tendency to encourage fungal infection.

Occupational lung diseases

These are usually classed together, although there is a variety of causes, including many of the hypersensitivities described above. Other causes are long-term occupational exposure to mineral dusts (pneumoconiosis) such as coal dust, silica and asbestos. The general picture is of scattered lung nodules marking chronic inflammatory sites which have become fibrosed as the body seals off the irritant, unremovable particles. This is quite irreversible and, although avoidance of the irritant will normally prevent further damage, severe pneumoconiosis may progress further even after the miner has left the industry. Prevention by proper working conditions is the only satisfactory answer. However, obstructive and bronchitic complications can be treated in the usual way.

Pulmonary vascular problems

Pulmonary oedema is a common complication of left heart failure. As the left ventricle fails to clear the blood fully from the pulmonary veins, these become congested and plasma exudes from the capillaries, under the excessive pressure. Since the intercellular space in the lungs is very small, the alveoli are soon filled and pulmonary oedema develops. This causes two problems: the fluid forms a diffusion barrier and the congested lung loses compliance, causing respiratory restriction.

Pulmonary oedema, if it develops rapidly, eg, after myocardial infarction, is a medical emergency since it can

be fatal within an hour. In chronic heart failure, it may be less dramatic but is equally dangerous. It can also develop from an acute lung inflammation caused by the inhalation of irritant liquids, including vomitus, or gases (aspiration pneumonitis). In this case it is an increase in the permeability of lung capillaries which permits the loss of fluid. *Pulmonary embolism* is usually caused by a thrombus (intravascular blood clot) from a leg vein passing through the right heart and lodging in a pulmonary artery. It is a potential complication of surgery, prolonged bedrest or oral contraceptive therapy, and results in pulmonary hypertension, congestion and oedema behind the embolus. Fortunately there is rarely any infarction (permanent scarring) of the lung tissue, because of adequate collateral circulation. The thrombus is eventually broken down by the blood fibrinolytic system, and this may be assisted in severe cases by administering enzymes such as streptokinase and urokinase.

Both embolism and oedema impose strain on the right ventricle and right heart failure is a potentially serious complication if treatment is not started promptly. Pulmonary oedema causes severe respiratory distress, cyanosis, rapid shallow breathing and a rapid pulse. The patient is extremely anxious and restless, and feels suffocated. Treatment involves morphine to allay anxiety, potent diuretics (eg intravenous frusemide) to reduce fluid overload, oxygen and sometimes digoxin to increase cardiac power and slow the heart rate.

Collagen vascular disorders

These were discussed in the second arthropathy article (*C&D*, August 9, 1980, p203). Diseases such as SLE, rheumatoid arthritis, and systemic sclerosis can give rise to pulmonary complications, often a nodular or a diffuse fibrosis. The condition is called *fibrosing alveolitis*. The complications generally follow the course of the primary disease, but once again the lung damage is irreversible even if treatment is otherwise successful.

Infection

The congestion and restriction caused by lung infection is generally a secondary problem, and will resolve as the infection is controlled. However, since the respiratory impairment is in fact restriction, lung infections will be discussed briefly here.

Pneumonia This term signifies inflammation of the lung interstitium
Continued on p257

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Clinical pharmacy

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(strictly this should be called pneumonitis, by analogy with bronchitis and bronchiolitis). However, since infection is the commonest cause, the term usually also implies *infective pneumonitis*, the non-infective variety as we have seen being termed *aspiration pneumonitis*. Before antibiotics, pneumonia was a lethal complication of chronic obstructive lung diseases, as the mucous plugs form a fine medium for microbial growth. It can also be a complication of such diseases as lung cancer and TB, where there are areas of under-ventilated, under-perfused, or inflamed lung tissue.

The commonest organisms responsible are *Streptococcus pneumoniae* (38 per cent), *Haemophilus influenzae* (26 per cent) and viruses (25 per cent). It is difficult to decide which of these is responsible in any particular case, since sputum cultures usually reveal a variety of organisms, some of which are harmless commensals.

Pneumonia usually results from the

spread of an upper respiratory tract infection and is marked by a very sudden deterioration in the patient's condition, with fever, severe cough, and malaise. The normal course of an infection is followed. The alveoli at first become congested with bacteria, fibrinous exudate and inflammatory cells which, together with their breakdown products, form the pus. As the patient recovers, phagocytes move in and digest the debris. During the infection the patient will be febrile, and have severe dyspnoea, cough with copious sputum, and a raised ESR. Usually the infection is limited to one or two lobes of the lung (lobar pneumonia), and the consolidation in these areas will show up on X-ray or can be detected by a dull sound on percussion of the chest wall over the affected area.

Benzylpenicillin (1g intramuscularly 12-hourly) is still the treatment of choice, especially before sensitivity testing. However, resistant organisms are increasingly common, and other antibiotics may well be required. Though viral infection itself is usually self-limiting, there is often a serious

Continued on p259

Table 2. Differential screening of cough

Patients with the following symptoms should be referred to their doctor

Symptom	Possible cause
1. Child with croup and significant dyspnoea (see doctor <i>immediately</i>)	Whooping cough
2. Infant less than 1 year with persistent cough	
3. a) Prominent skin rash b) History of rheumatic fever or nephritis	Streptococcal infection These patients may be at special risk from streptococcal infection
4. Signs of systemic infection a) Temperature above 38°C (100°F) for more than 4 days b) Temperature above 39°C (102°F) c) Persistent more than 3 weeks	Tuberculosis, bronchial carcinoma (especially if over 50 years, smoker)
d) Swollen neck glands e) Significant dyspnoea or wheeze	Infection-triggered asthma, respiratory tract infection Pleurisy, severe tracheitis Tonsillitis
f) Pain on inspiration g) Pus on tonsils h) Headache or facial pain i) Foul nasal drainage or post-nasal drip k) Abdominal or lumbar pain	Sinus infection
5. Occurs selectively at night	Kidney involvement due to streptococcal infection
6. Associated with feeding	Early heart failure Hiatus hernia, gastric reflux, oesophageal problems Lung abscess, bronchiectasis
7. Precipitated by a change in position	Respiratory tract infection
8. Sputum a) Production of foul, yellow or greenish sputum b) Blood streaked	Lung infection, pulmonary neoplasm, pulmonary thromboembolism or other vascular disease, traumatic injury, excessive anti-coagulation. Pulmonary oedema Bronchiectasis, lung abscess Acute exacerbation of bronchitis, bronchial carcinoma
c) Pink and frothy d) Massive and/or purulent	
9. Any change in the nature or character of a chronic cough	

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Last year, it's estimated that over 300,000 break-ins took place in commercial and industrial premises in Britain.

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SECUREELECTRIC
The Electricity Council, England and Wales.



**If you don't turn on a night light,
someone else might.**

Clinical pharmacy

Continued from p257

opportunistic bacterial supra-infection, so antibiotics are equally important. Nowadays, the rapid oral antibiotic treatment of upper respiratory tract infection in chronic bronchitics aborts pneumonia or, if it does develop, prevents fatality.

Pulmonary tuberculosis is too large a subject to be dealt with here.

However, it is noteworthy that although it was recently considered to be almost eradicated in this country, with notifications approaching zero, the recent influx of immigrants from countries where it is still endemic has produced a disturbing increase. Further, since compliance tends to be poor in this patient group and inappropriate or inadequate therapy may already have been attempted overseas, these cases may present major problems of drug resistance.

Ventilatory defects

In this heterogeneous group, the respiratory problems are usually secondary to some other disease occurring outside the lungs.

Pleurisy (inflammation of the pleura) can result from pneumonia or can be caused by direct infection by amoebae, or by injury, neoplasm, etc. The intense and usually localised pain on inspiration or coughing is characteristic. To prevent this pain the patient breathes very shallowly, producing ventilatory restriction. The

treatment depends upon the cause of the underlying disease.

Pneumothorax (air in the pleural cavity) may result from a chest injury, in which case the whole of the adjacent lung collapses, because the partial vacuum on which respiration depends is destroyed and inflation is impossible. It can also be caused spontaneously from within, eg, as a complication of TB or emphysema, in which case the collapse may be only partial, depending upon the amount of air introduced. The condition may sometimes remit equally spontaneously or the air can be withdrawn by special procedures.

Various *musculoskeletal* disorders (eg poliomyelitis or myasthenia gravis) may impair ventilation. Full expansion of the chest can also be inhibited by spinal deformities, either congenital, eg, kyphoscoliosis, or acquired, eg, severe ankylosing spondylitis. Severe obesity also impedes chest movement. *Drugs* can affect respiration either locally, eg, neuro-muscular blockade, or centrally, since almost any CNS depressant, including codeine-like antitussives, will depress the respiratory centre in sufficient dosage.

Interference with the physiological respiratory drive, either by reducing the CO₂ level (as in over-breathing) or by increasing the O₂ levels if CO₂ levels are high (as in some chronic bronchitics) will abolish or depress respiration. Extremely low O₂ levels will depress all cerebral functions directly, as will an acutely raised intra-cranial pressure.

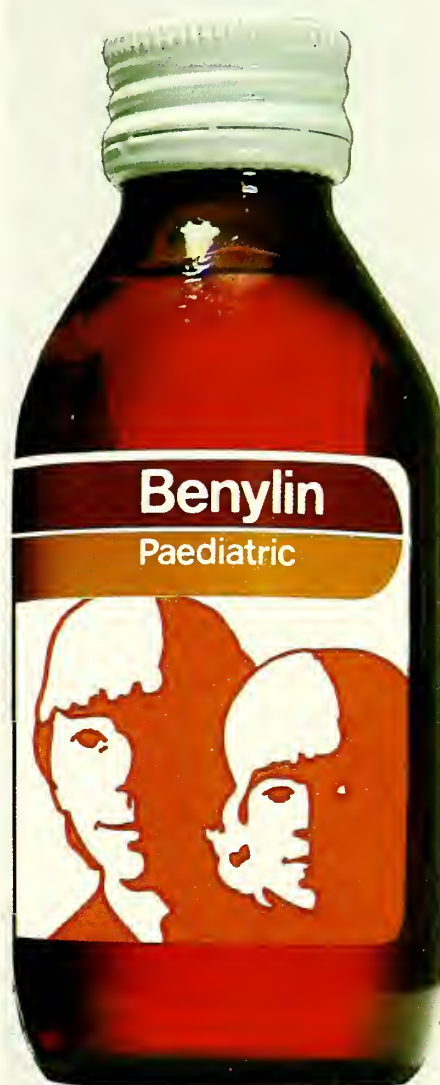
Continued on p262

Table 3. OTC cough/cold remedies—ingredients and potential interactions with diseases or other medication

Ingredient	Diseases	Interacting drugs*
Aspirin	Asthmatics show higher frequency of sensitivity Peptic ulcer, dyspepsia, coagulation defects Gout Dehydration	See Arthropathy article
Sympathomimetic agents (Adrenergics: ephedrine, phenylpropanolamine, etc)	Cardiovascular disease Glaucoma Hyperthyroidism	Antihypertensives ↓ Tricyclic or MAOI antidepressants ↑↑ (toxic effects) Anaesthetics ↑ (cardiac arrhythmias)
Antihistamines and respiratory depressant antitussives	Chronic bronchitis (antitussives) Epilepsy (antihistamines)	Alcohol ↑ Barbiturates ↑ Other CNS depressants ↑ Tricyclic antidepressants ↑ (toxic effects)
Anticholinergics	Glaucoma Urinary retention, prostatitis Pyloric obstruction Heart conditions	Tricyclic and MAOI antidepressants ↑

* ↑ indicates potentiation, ↓ indicates decreased effect. This list is not exhaustive, and is highly compressed. Not all drugs in a group may interact. Specific cases should be checked in reference texts.

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Benylin* Paediatric, specially formulated to treat coughs in children up to 12 years, with a pleasant and very acceptable raspberry flavour. Most parents know how well Benylin Paediatric does its job, and when you recommend it you'll be giving them a good night's rest as well as the child.

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ONEY BACK MAIRWICK

The pharmacist's response to symptoms

When a patient asks for advice about respiratory symptoms, the pharmacist should first, as with joint pain, obtain some general details about the symptoms and the patient (*C&D*, August 9, 1980, p204, table 1). Particular attention should be paid to occupation and allergies.

Questions a pharmacist might want to ask specifically about respiratory symptoms such as cough, breathlessness, wheezing, or sore throat, are in table 1 (p250). The aim is to screen for lung infection, asthma, chronic bronchitis or, possibly, pleurisy, recommending such patients to see their doctors—at once for infection or pleurisy. In addition, of course, children who present with wheeze or persistent cough and fever should see a doctor promptly. Cough as a complication of an upper respiratory tract infection (no significant dyspnoea or purulent sputum) can be treated in the usual way (*C&D*, November 3, 1979, Supplement). However, cough can be an indication of serious disease, and some points to consider in screening cough are in table 2 (p257). The value of simple lozenges to maintain the salivary flow, and of steam inhalation (the sceptical patient may perhaps be recommended "hydro-therapy") should

not be underestimated.

As usual, any persistent symptoms or the sudden onset of symptoms without a previous history, indicate the need for referral to a doctor.

Whatever treatment a patient receives, the pharmacist is in a position to advise on the drug therapy. Patients should be helped to get the best from their medication, and the pharmacist should be alert to possible complications or interactions.

Inhalations Pharmacists should be familiar with the various proprietary apparatus available for aerosol preparations, and advise patients on their correct use. This usually requires shaking the aerosol, a full expiration, a deep inspiration co-ordinated with actuating the aerosol, and the breath then held for as long as possible.

Patients, especially children, who have difficulty co-ordinating should ask their doctor to prescribe a breath-actuated type, eg Pulmadil Autohaler or Bricanyl Spacer. The Intal Spinhaler too is breath-actuated and children can be helped to learn to use it correctly by a whistle attachment available from the manufacturers. Patients should be advised not to puncture Intal Spincaps repeatedly since small particles of gelatin thus formed can be inhaled, causing severe bronchial irritation. On the other hand, several inhalations may be needed to ensure use of all the active contents. Inhalation apparatus of all types should be kept clean and dry, to prevent clogging.

Prophylaxis and compliance Pharmacists have a role in promoting

compliance with long-term prophylactic therapy, by encouraging patients and explaining the importance of regular continued medication even when the patients feel well (or better). This is particularly important with anti-tubercular and other antibiotic therapy. Prescribed courses of treatment should be completed and it is never superfluous to stress (unless inappropriate) "Take until finished." Of course if patients report adverse reactions which prevent compliance, they should be referred to their doctor. The importance of not abruptly stopping steroids should be stressed. **Cough/cold preparations** Pharmacists need to pay particular attention to the many potential interactions of OTC cough/cold polypharmaceuticals, both with other medications or with certain diseases. The more important possibilities are listed in table 3 (p259). It is advisable that all such remedies are personally sold by a pharmacist.

Special advice

Smoking If pharmacists want to play a part in health education, they must actively discourage smoking, and not just in patients already suffering from chronic respiratory disease. The obstructive lung damage caused by long-term smoking is permanent, and other diseases exacerbated by smoking are bronchial carcinoma, peptic ulcer, cardio-vascular disease, and low birth weight (ie at risk) babies.

Respiratory impairment Patients with any reduced ability to breathe must be warned against the use of centrally depressant antitussives such as pholcodine and dextromethorphan. **Asthmatics** These patients should be warned against overuse of sympathomimetic inhalations. An asthmatic attack unrelieved by the patient's normal medication must be referred at once to a doctor or an accident and emergency department: it is a potentially fatal condition. Drug and food sensitivities, especially to aspirin and tartrazine, are more common in atopic individuals such as extrinsic asthmatics. Patients should be told of the newly formed Asthma Society and Friends of the Asthma Research Council.

Monitoring reactions

As for the previous topic, we give a brief summary in table 4 of the common adverse reactions from drugs used in respiratory diseases. In any disease requiring long-term medication, iatrogenic disease should always be considered a possibility when patients complain of new symptoms. It need hardly be added that complete patient records are invaluable to the effectiveness of such monitoring. ■

Table 4. Signs of potential problems with the therapy of respiratory disorder

In all cases the patients should be referred to their doctor.

Signs	Possible cause
CVS Palpitations (tachycardia)	— Sympathomimetics — Xanthines — Anticholinergics
CNS Insomnia, headaches nervousness, anxiety excitement Drowsiness Visual disturbances	— Ephedrine etc, xanthines — Antihistamines*, anticholinergics — Ethambutol, anticholinergics
URINARY Retention Polyuria	— Anticholinergics, sympathomimetics — Xanthines
GI Dyspepsia, nausea	— Non-specific, any drug could be responsible — Xanthines (try different formulation) — Aspirin (eg, in cold remedy) — PAS — Central antitussives — Anticholinergics
Constipation	} — Steroid inhalation
Sore throat (infection) Oral thrush	
SKIN Rashes	— Very non-specific, but drugs must always be considered — Rifampicin, PAS
Jaundice	— Rifampicin, PAS

*Since this is a not unexpected symptom, it may be only necessary to give the patient the usual warnings, not refer them to their doctor.

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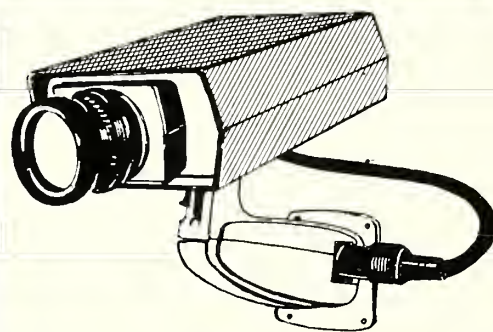
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Student brawl—no case for striking off

Four pharmacists who, as students four years ago, were involved in a brawl at the London School of Pharmacy in which a man received a fractured skull, have been told that the Pharmaceutical Society will take no action against them. (*C&D*, November 15, 1980, p781).

The Society's Statutory Committee has considered a complaint against the four, Jerome Brookman, of Fir Tree Gardens, Shirley, Croydon; Michael Shutt, of Brechin Place, South Kensington; Manjit Deu, of Leslie Drive, Kingswindsford, Brierley Hill, West Midlands; and Keith Martin, of Ward Road, Upper Holloway, north London.

Two years ago all four were given conditional discharges at the Old Bailey after being convicted of unlawfully and maliciously wounding Mr David Thompson at the London School of Pharmacy on March 12, 1977. Yesterday, their counsel, Mr Peter Cooper, described them as hardworking, conscientious, ambitious and thoroughly decent. Leaving aside the minutes in which they attacked Mr Thompson, they were a credit to their profession.

Mr Josselyn Hill, for the Society, said their behaviour that night had been far below the standard demanded of professional men. Mr Thompson ended up with a fractured skull, a black eye which was still causing a sight problem and a blood clot in his left ear drum which had caused deafness.

Police Sergeant Arnold Cook told the Committee Mr Thompson attended a discotheque after a soccer match between Heriot-Watt University, and the London School of Pharmacy. He was a graduate at the Scottish University.

During the evening the London students attempted to remove the trophy won by Heriot-Watt and there were several arguments. Later it appeared the four London students went to the door of the Scottish coach looking for the person who had given Keith Martin a cut lip during one of the arguments. They were trying to get into the coach when Mr Thompson intervened. They attacked and chased him and were seen to kick and punch him to the ground, said Sergeant Cook.

Committee chairman, Sir Stanley Rees, said they had paid particular attention to the four men's excellent references, conduct and standard of work and had decided that no action was necessary. The Committee hoped they would continue to be worthy of the profession they served.

Appalling conditions

After the Committee had been told that the "appalling conditions" at a Bristol pharmacy had been largely cleared up over the past 12 months, Sir Stanley said the improvement had been sufficient to justify them reprimanding Mr Dennis Baldwin, the owner and pharmacist, instead of striking him off the Register.

Mr Baldwin, who is 69, and has been a pharmacist since 1934, runs a 150-year-old family business at West Mall, Clifton. His case first came before the Committee last February (*C&D*, February 23, 1980, p304), following a complaint about the conditions at the shop, and the "potential hazard" to the public. The hearing was then adjourned to give him an opportunity to bring the premises up to a satisfactory standard.

Sir Stanley said it was now clear that conditions on the ground floor had been substantially improved, but the cellar, which was used as a store, was by no means as it should be. Mr Baldwin told the Committee he was aware the conditions were far from perfect but they were not a potential menace to the public. He pointed out he was carrying on a 150-year-old business in a 200-year-old building.

Assuring the Committee he hoped to improve the conditions, he added: "I have been working for 12 hours a day for many months, and I think the Lord will give me strength to do it for a bit longer."

Banned

The Committee banned H. C. Liberman Ltd, of Melbourne Road, London SE22 from running a pharmacy business and ordered all premises where the company carried on a

retail pharmacy business be removed from the Society's register. The order followed the company's conviction 11 months ago for unlawfully selling Tixylix, in the absence of a qualified pharmacist.

The sale at the company's Merrow Street, London SE17 shop was made to one of the Society's inspectors by Mr Harvey Liberman, a director of the company, who was struck off the Society's register six years ago for five offences under the Theft Act for which he had been convicted in 1972. The Committee postponed judgment on Mr Kenneth Knight, of Square Drive, Kingsley Green, Haslemere, the company's former superintendent pharmacist, until March. Mr Knight claims he resigned from Liberman's before the unsupervised sale offence in September 1979.

The Committee's chairman said Mr Knight, who was not present, should be given the opportunity to explain his situation.

Mr Gordon Applebe, head of the Society's law department, said all the company's premises had been sold since the offence, although the company itself was still in existence. The premises were still being run as pharmacies, but by different people and companies quite divorced from H. E. Liberman Ltd.

Mr Josselyn Hill, for the Society, said Mr Liberman was struck off the register in February, 1974. His application for restoration in October, 1975, was refused.

Unlocked cabinet

The Committee reprimanded a West Midlands pharmacist who had been convicted by magistrates for keeping controlled drugs in an unlocked metal cabinet, taking into account, among other things, that Mr Frederick John Powell had since retired and his business sold to another company.

Mr Powell, of Drews Holloway, Halesowen, had been managing director and superintendent pharmacist of Jack Powell (Old Hill) Ltd at Halesowen Road, Cradley Heath, Warley. No order was made against the company.

In April last year Mr Powell pleaded guilty at Smethwick magistrates court of failing to ensure that all controlled drugs on his premises were kept in a locked safe, cabinet or room and was fined £100.

Detective Sergeant John Smith, of the West Midlands police drugs squad,

Continued overleaf

told the committee that on a visit to Mr Powell's shop in September 1979, he found the controlled drugs cabinet was empty and it showed signs of being forced. The controlled drugs stock was being kept in a free standing metal cabinet, which in no way complied with regulations, nor could it be locked. When he visited the premises in November 1979, the controlled drugs cabinet was back in use.

Mr Smith who was not present nor represented, wrote to the Committee maintaining that the court case should not have been brought. "I have now retired and finished with pharmacy completely," the letter added.

In a written statement he said that after the burglary he had kept controlled drugs locked up in a steel cabinet, which he considered to be more secure than the controlled drugs cabinet.

Drugs register

The Committee reprimanded a 41-year-old pharmacist, whose controlled drugs register was said to have been in "a very bad state". Mr Maheschandra Bhagubhai Patel, of Green Lane, Ilford, appeared before the committee following his conviction at Redbridge Magistrates Court last March on five charges of failing to enter drugs in his controlled drugs register. He was then fined £250 on each charge and 42 similar offences were taken into consideration.

Mr Hill said two of the charges related to failure to enter purchases and three related to failure to enter supplies to patients. According to police evidence the register was in a very bad state, with entries not having been made for several years.

Detective Sergeant Ronald Smith, a Scotland Yard Drugs Squad Officer, said that the offences came to light

when he made a routine visit to Mr Patel's shop in January, 1980, to inspect the register. He noticed that entries for 1974, 1975 and 1976 had been made after his last visit to the shop in 1978 when he had initialled and dated the latest entry on each page. The sergeant said it seemed to him that Mr Patel had got into a mess with his register and did not know how to get out of it. There was no actual risk to the public and Mr Patel was a man of previous good character. Since March last year he had kept his register in order.

Mr Patel told the Committee he had been a pharmacist since July 1969, and bought his Green Lane shop in January 1971. He said he originally got into difficulties with his register because he had been wrongly under the impression that a prescription for controlled drugs had to be complete in every detail, even a minor detail, before it could be entered. In those circumstances, if he received a defective prescription and formed the view that the patient was in pain, he would dispense it without insisting that it should be completed by the doctor before doing so.

This had led to delay in getting the prescriptions corrected, and meant that he could not fulfill the requirement to enter the prescriptions in the register in chronological order. At first he had very little assistance in the shop and had difficulty in coping with all the paper work.

Misconduct

A pharmacist who gave up a job as chief pharmacist at a large health clinic in Saudi Arabia to return to England and face an accusation of misconduct was reprimanded by the Committee.

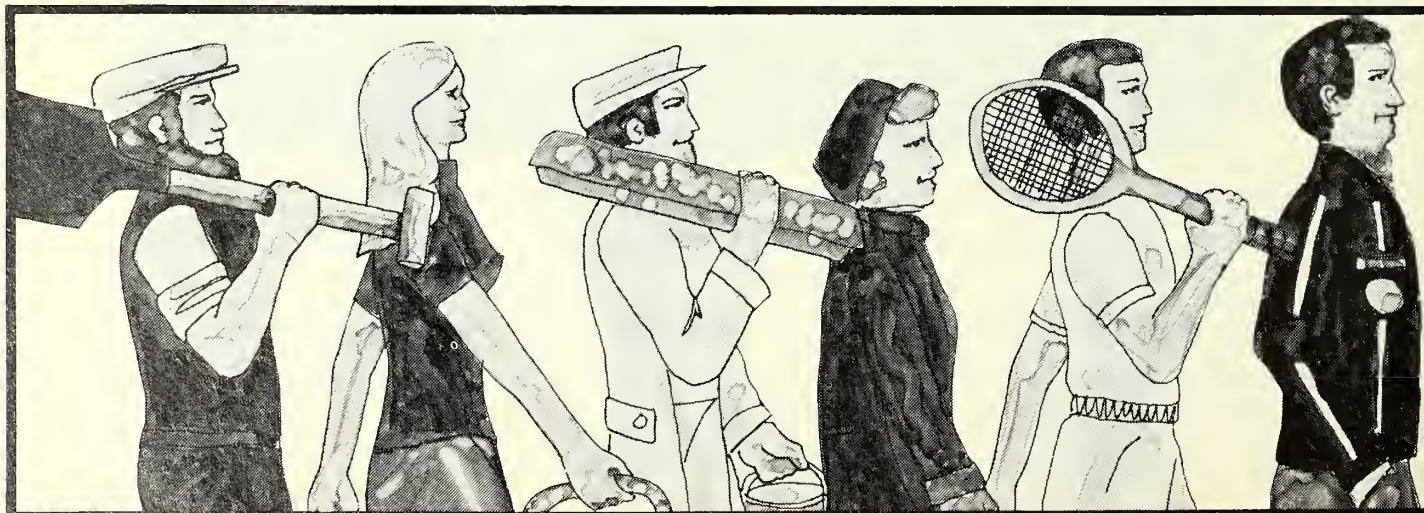
Mr Timothy Pattison, of Scratchface Lane, Bedhampton, Havant, appeared before the

Committee in London as a result of a conviction two years ago for stealing £50 from the west London chemists where he worked. He pleaded guilty and was fined £300.

He said that his job with John Harley Ltd, in Goldhawk Road, Hammersmith, London, ended the day the offence was discovered in January, 1979. Six months later he went to Saudi Arabia to work in a clinic set up for the American military there. Later he worked for a Saudi Arabian doctor in Riyadh for three months.

Dr Chris Christiansen, who came from Saudi Arabia specifically to speak for Mr Pattison, said that Mr Pattison worked under his supervision there. He handled funds and controlled drugs well, accurately, and honestly. In fact, he recommended him as chief pharmacist to a doctor who was opening the only private, 180-bed health clinic in Saudi Arabia. This was after he learned of Mr Pattison's previous difficulties. But, said Dr Christiansen, Mr Pattison gave up this job to return here to face this matter squarely, and correctly.

Having considered the complaint carefully, and taken into account all that had been said by Dr Christiansen, and the testimonials submitted by Mr Pattison, the Committee was quite satisfied that Mr Pattison's behaviour was plainly misconduct of a serious kind. But in the circumstances they had decided to deal with it by the imposition of a reprimand. ■



Defendants deny Chanel fraud

The defendants in a fake Chanel No 5 case this week denied the police allegations against them. Four of the men went into the witness-box and gave their side of the story, while the other three chose not to give any evidence to the jury at Snaresbrook Crown Court, East London. (C&D, January 17, p81.)

The trial began more than three weeks ago when the court heard how the country had been flooded with more than 18,500 bottles of 15p perfume sold as Chanel No 5 for up to £5 each. Mr Bernard Fernandez, 47, a taxi-driver, of Foremark Close, Hainault, Essex told the court: "I doubt if there is a woman alive who would think this is real Chanel. Women aren't fools, for the price they were paying they must have known it wasn't the real thing."

Mr Fernandez admitted selling 1,000 bottles of the fake to another of the defendants, but he added: "I didn't want to break the law. I was concerned that it shouldn't be sold to the public as the real thing. I made it quite clear when I sold it that it wasn't genuine. I thought it would be given away as "loss leaders" at fairgrounds or fetes."

The court heard how the fake Chanel was discovered in late 1977 when a wholesale chemist became suspicious of the perfume he was offered and tipped-off the police. Mr Terence Colex, 43, of Eagle Lane, Wanstead, said in his evidence: "I didn't conspire with anyone to defraud the public. I didn't approach the chemist, he contacted me and

ordered 1,000 bottles. I told him the perfume was a fake right from the start."

James Mead, 39, a shopkeeper, of Beareton Road, Hitchin, Herts, told the court he bought 50 bottles from another of the defendants who was selling them wholesale. He said: "I thought it was real Chanel, I wasn't told it was a fake. I thought the retail price was about £5 and I was used to buying seconds and salvaged stock so I had no reason to query it. I bought and sold it in my shop in good faith. I wouldn't have got involved with it if I had been told it was fake."

Mr Roy Wicks, 34, a printer of Saint Stephens Road, Stepney, told the court he had nothing to do with printing any boxes or leaflets for the perfume sprays, that almost perfectly

matched Chanel sprays selling at £8.

Also in the dock are: Christopher Cooper, 35, a van converter, of Colletts Green, Powick, Worcester; Barry Sheppard, 38, a perfume supplier, of Northfield, Birmingham; and John Ashlin, 50, unemployed, of Roman Road, Bow. All three declined to give any evidence. Judge Alistair Troop told the jury it was something they were entitled to do and should not be taken against them.

All seven denied conspiring to defraud Chanel Ltd. Mr Brian Chandler, 36, a company director, of Sunningdale Road, Hornchurch, was acquitted on the Judge's direction when the prosecution offered no evidence against him. Police are still seeking a ninth man in connection with the offences and the case continues. ■

Drug disposal by psychiatric nurses

Community psychiatric nurses should dispose of excess drugs by returning them to the pharmacy of origin and obtaining the pharmacist's signature for them.

This is one of the recommendations in a DHSS report on carriage, storage and administration of drugs by community psychiatric nurses. Other recommendations are that all drugs carried must have been prescribed by a doctor as a specific dose for a named patient and that a written prescription on the relevant medicines card must accompany each drug. The dosage given must be recorded.

Arrangements for the supply and storage of drugs for use by community

psychiatric nurses is the responsibility of local management, the report says. The nurse should keep the drugs in a locked case, out of sight in a car boot, and when left for periods over 24 hours, in a locked cupboard or drawer at home. Nurses should have official dated identification cards stating their right to carry drugs.

Each community psychiatric nursing base should keep a record book with details of all drugs issued and this should be checked at regular intervals by the appropriate pharmacist and nursing officer.

The report emphasises that an official policy formally agreed, on a multidisciplinary basis, by the health authority is necessary. Such a policy should be reviewed at least every two years by, it is suggested, the local drugs and therapeutics committee. ■

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GPs advised to check blood pressure routinely

Checking blood pressure is an important preventive measure which general practitioners could routinely carry out, according to two recent reports.

The reports were by the Royal College of General Practitioners' working party on prevention. They suggested that at least one measurement of arterial pressure should be obtained every five years from every patient consulting aged 20-64.

Checking and recording blood pressure in patients over 30 who attend the surgery for other reasons, can be done by the doctor himself, it is stated. However "the co-operation of receptionists and nurses working in practice premises can remove much of this additional burden from the doctor

and ensure more complete coverage". The report also says that self-measurement is the right management for some patients.

Other opportunities for general prevention are in family planning, antenatal care, immunisation, discouraging smoking and helping the bereaved. Suggested ways of increasing the preventive work done by general practitioners include increasing the levels of helpers, both nursing and clerical, and reducing the average list size.

"Health and prevention in primary care" and "Prevention of arterial disease in general practice", Royal College of General Practitioners 14 Princes Gate, Hyde Park, London SW7 1PU. ■

A new drug-release system under trial

Advances in controlled-release drug administration have recently been reported by the University of Strathclyde. The chemistry department has developed a polymer that can be used as a pessary to deliver prostaglandin E_2 for inducing labour. The pessary has been tested by Mr Mostyn Embrey, obstetrician, at the John Radcliffe Hospital.

Dr Neil Graham, professor of chemical technology at Strathclyde, said his department had also developed polymers which were biodegradable and bioabsorbable and could slowly release drugs for periods up to one year. The polymers could be taken orally or implanted under the skin for longer-term release. A possible future use could be in providing small doses of hormones. ■

Clinical pharmacy group established

A UK Clinical Pharmacy Association has been set up to improve the quality of patient care by encouraging a more rational use of medicines and promotion of an interdisciplinary approach to drug therapy.

Other aims are to stimulate development of clinical pharmacy practice, to develop means of evaluating pharmacists' contribution to overall patient care, and to establish links with colleagues in Europe and other countries.

Activities will include organising meetings, promotion of education and

training programmes in clinical pharmacy, "practical workshop sessions" for pharmacists actively involved with patients, stimulation of research with particular reference to the assessment of the pharmacist's performance and patient benefits,



United Kingdom Clinical Pharmacy Association

establishment of a central advisory service to assist pharmacists with clinical pharmacy developments, and publication of a *Clinical Pharmacy Newsletter*.

Ordinary membership is open to all pharmacists working in the UK, associate membership is open to all pre-registration and other pharmacy students, corporate membership is open to corporate bodies who have expressed their willingness to support the association financially, and there is also an honorary membership category. Membership applications should be sent to Mr A. M. S. Cullen, acting secretary, UK Clinical Pharmacy Group, 55 Hartington Way, Mickleover, Derby DE3 5BH. The annual fee is £10 and cheques should be made payable to "The UK Clinical Pharmacy Association." ■

Advertising rules

Limitations on the advertising of pharmaceutical services in Scotland are laid down in new regulations.

The National Health Service (general medical and pharmaceutical services) (Scotland) amendment regulations 1981 further amend the "1974 regulations" and bring Scotland

into line with the rules on advertising in England and Wales. The amendments take effect from February 16. ■

Outlook encouraging for baby products

An anticipated rise in birth rates and the willingness of parents to spend more on their babies add up to encouraging prospects for Western Europe's baby products market, says a recent Frost & Sullivan report.

Between 1980-90, combined sales of toiletries, foods and nappies are projected to increase 39 per cent from \$1.97 billion to \$2.74 billion in constant 1979 dollars. The highest growth, 82 per cent, is expected in toiletries mainly as a result of expansion in moist baby wipes, although creams and nappy rash products are expected to decline by 23 per cent. The report predicts that toiletries growth will be strongest in France (147 per cent), with the UK 79 per cent.

The study adds that distribution patterns for baby products appear to have reached a balance in 1980 between pharmacy-oriented markets such as the UK, food markets such as France and markets like Germany where there is an even split. "What is clear is that the consumer responds to the price and convenience aspects of self-service outlets, be they supermarkets, hypermarket, drug store or multiple pharmacy. It is these kinds of outlets which will grow in the 1980s," the report concludes. *Frost & Sullivan Ltd, 104 Marylebone Lane, London W1M 5FU. ■*

LETTERS

Bath retirement

Many past students and colleagues of Mr R. J. Hobbs will be interested to learn of his decision to retire from his teaching post at Bath University at the end of the current session. "Jack" Hobbs joined Bristol School of Pharmacy in 1952 and has since been actively involved with the development and migration of the School.

To mark the occasion, his colleagues in Bath plan to make a presentation to him and accordingly we invite his friends elsewhere to be associated with us. Contributions to the "R. J. Hobbs retirement fund" should be sent to Miss S. M. Hancock at the address below. Further details about the timing of the presentation will gladly be sent on request.

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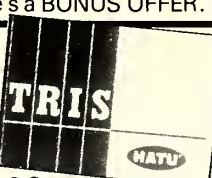
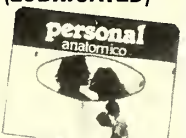



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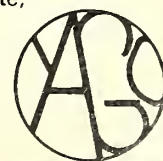
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Improved results for both Unichem and Macarthy's

Both Unichem and Macarthy's have reported improved results, although sales through the latter's pharmaceutical retail chain —Savory & Moore—have been affected by reduced consumer spending.

Preliminary results from Unichem for the year ended December 31 show a sales lift of 22 per cent, from

£137.4 million to £167m. Second half sales were particularly encouraging —up 29 per cent. During 1980 monthly profit distributions to members exceeded £10m and the final distribution is expected to be around £11.25m. Total allocation to members in 1979 was £8.2m. Retentions for 1980 will be in excess of £2m.

Commenting on the results, Mr Peter Dodd, managing director, says they reflect Unichem's "continuing success to support independent pharmacists during the difficult economic climate and period of intense competitive activity among wholesalers".

Recovery for Macarthy's

Overall, Macarthy's have shown a recovery from poor full year results announced last August, and there has been a boost for both sales and profits for the six months to October 31, 1980.

External turnover increased from £70.7m to £89.2m and pre-tax profits were £2.27m against £1.61m. Mr A. R. Ritchie, chairman, also forecasts a continuance of this pattern, with profits for the second half expected to show only a slight fall —due to increased overhead costs —on those for the first six months.

The wholesale division had a particularly good period with a buoyant demand for prescription medicines providing an increase in turnover of 29 per cent, to £69.7m (£54.1m), and a 56 per cent lift in profitability to almost £2m (£1.28m). As the overheads are largely fixed in the wholesale division, a significant increase in sales creates substantial improvement in net income.

Similarly, pharmaceutical manufacturing turned in good results, based on production facilities now in full operation, and sales amounted to £2m (£1.5m) with margins showing a recovery from a loss of £65,000 to a profit of £110,000.

However, retail sales through Savory & Moore have been affected by a drop in consumer expenditure, and while sales show some rise to £9.96m (£8.07m) profits fell to £308,000 from £320,000.

A reluctance on the part of those involved in livestock management to undertake capital expenditure has squeezed margins on the veterinary side, but Macarthy's say sales of animal medicines "have been generally satisfactory". Profits of this division fell to £196,000 (£245,000) on a turnover of £6.2m (£4.9m).

Cut-backs in hospital budgets have reduced demand for surgical products, but the company considers its market share has been maintained. Surgical profits fell to £209,000 (£286,000) on sales of £6.9m (£6.4m). (See Comment, p227). ■

My daughter's ears were pierced at a chemist

When I discovered my local chemist was now doing Ear Piercing I knew straight away —"that was where I would take Katie when she wanted to have her ears pierced." Chemists know about hygiene and sterility so it gives you the confidence you need, and with the new Inverness Automatic System Katie hardly felt a thing. A chemist's shop is the natural place for Ear Piercing. So why don't you start? It's so simple, so profitable, and customers will come from miles around.

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Sangers told: get out of pharmacy!

According to an article in the *Sunday Times*, Sangers would be better off selling their pharmaceutical interests and concentrating on their optical and photographic divisions.

The article states: "After major surgery on the traditional pharmaceutical wholesaling side, the problems remain while newer activities forge ahead . . . Having cut the number of pharmaceutical depots from 27 to 14, Crawford Graham and the Sangers board now have to decide what the next moves should be and on this hinges the share

rating. Analysts say the shares . . . would rise if Sangers sells its pharmaceuticals division, or more drastically, closes it down."

Poor results from the pharmaceutical division were noted—profits down to £250,000 from £297,000 for the half year to August 31 1980 (*C&D*, December 6, p916)—while the strength of the photographic and optical divisions were highlighted: "Stockbrokers Capel-Cure Myers feel that Sangers is recovering but forecast pre tax profits of only £850,000 in the current year (against £1.12m in 1979/80) and £1.25m predicted for next year".

The article also talked of the "question haunting Sangers board", of a bidder moving in for the company at this recovery stage.

Mr David Smith, managing director of Sangers Pharmaceuticals, told *C&D* that his board had "read with interest"

the comments of the *Sunday Times* financial analyst—but he pointed out that the whole Sangers Group had been built on its pharmaceutical wholesaling base.

While he accepted the present problematical state of the wholesaling industry Mr Smith affirmed that Sangers' board was determined to make the pharmaceutical division successful following the major reorganisation of its structure that had taken place during recent months. ■

Drummond's sales hit

Sales of R. G. Drummond for the year to August 1980 were hit, especially in the latter part of the year, due to the "depressed economy and poor summer weather".

However, the company says NHS turnover has been buoyant since the late summer, and Christmas trading was encouraging—"This combined with the benefits of our progressive refurbishing program, will enable us to advance even in a sluggish market sector".

Results for the parent group, Arthur Guinness Son and Co Ltd, were favourable from brewing, but their other interests had a mixed year. Pre-tax profit dropped from £52.9 million to £43.3m on a turnover of £783.6m (£687.2m). ■

Ransom open a new factory

A new and modern pharmaceutical factory wherein, almost side by side, are to be found pholcodine linctus and tincture of cimicifuga (black snakeroot), paracetamol elixir paediatric and concentrated compound decoction of sarsaparilla—that is the picture presented today by William Ransom & Son Ltd following the official opening last week of a £1½m extension at Hitchin.

William Ransom are, of course, one of the few remaining UK specialists in galenical production, but as others have dropped out of the market, Ransom have prospered. As a result, they have invested £1½m in the new factory which covers an area of more than 20,000 sq ft, and will specialise in liquid preparations.

It is an additional factory and although an immediate increase in the workforce is not anticipated, Ransoms say that it has the capacity to cope

with expanding business.

Ransoms were established in Hitchin in 1846 and have always specialised in medicinal manufacture from natural products—they still grow many raw materials near St Ives. Founder William Ransom was awarded a prize medal at the International Exhibition for "pharmaceutical extracts, essential oils and dried herbs of superior quality" and was also to become one of the earliest members of the Pharmaceutical Society.

The company now produces more than 700 separate pharmaceutical lines from its Hitchin base, with batch sizes of up to 6,000 litres possible in the new building.

Fourth-generation chairman Mr Michael Ransom said that with the new facilities the range of liquid products was being widened and the company would become more competitive both in home and overseas markets. ■

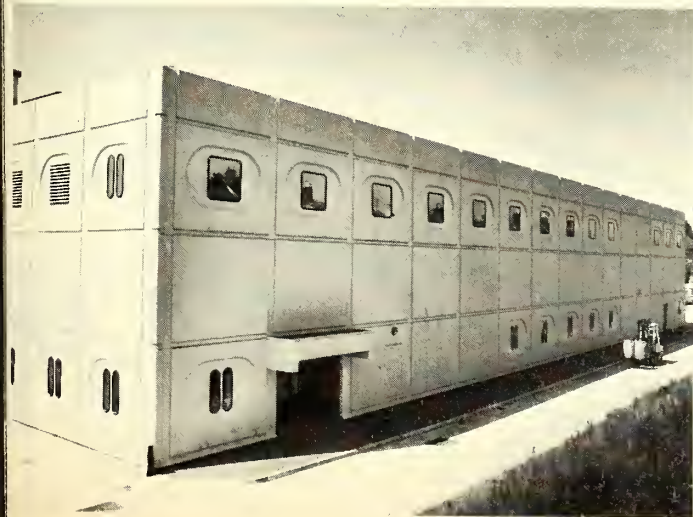
Left: The front elevation of the new building. Right: The High Sheriff of Hertfordshire, Mr Michael Meredith Hardy, declares the factory open

Hint of tax relief

Small businesses are likely to share in any tax concessions announced in the Budget on March 10. Sir Geoffrey Howe, the Chancellor of the Exchequer, made this clear during a visit to Scotland last week-end.

While indicating that there will be limited scope for tax cuts he said any relief that could be given "must be directed at businesses, at new businesses and small businesses . . .". He also gave a broad hint that there is unlikely to be any VAT increase. ■

More Business News overleaf



Government faces growing criticism over NI burden

The Government has come under mounting criticism at Westminster over the growing burden National Insurance is imposing on small businesses. But, despite the protests of the all-party Commons Select Committee on Social Services, the Government seems determined to press ahead with the scheme to make employers responsible for paying sickness benefit to employees during the first eight weeks of illness, in addition to the NI increases announced last year.

A Bill transferring responsibility for the first eight weeks of sick pay to employers is expected to be published in the near future. At the present level of sickness benefit this would involve employers paying £30 a week, and the only compensation they have so far been offered by the Government is a 0.6 per cent reduction in their NI contributions.

While the Government claims that big manpower savings would result from the change, the Select Committee suggested that the extent of the economies in administration would be more apparent than real and that the scheme represented little more than a shift in costs from the public to the private sector.

When Mr David Steel, the Liberal leader, raised the issue in the Commons the Prime Minister promised that all the matters involved would be discussed by Mr Patrick Jenkin, the Social Services Secretary, during the passage of the Bill through the House.

Royal Assent

The Act authorising the increase in NI contributions, which will become effective in April, received Royal Assent last week.

During the final debate on the measure in the House of Lords, Lord Spens (Ind) protested against the increase in the class four contributions paid by the self-employed on profits between £3,150 and £10,000. He pointed out that the owner of a small business making profits of £5,200 a year would be faced with an increase of £100 in his contributions.

Lord Spens stressed "I believe that if the Government were to decide to allow the self-employed Class four contribution to be deducted from profits before tax was assessed that would go a long way towards helping the self-employed to accept this additional burden".

Baroness Young, who replied for the Government, assured Lord Spens that the importance of the self-employed and the contribution they made to the economy was appreciated. She emphasised that comments on the consultative document issued in the autumn should reach the Government by the end of March.

Lady Young stated that the possibilities being canvassed included a change in the balance between class two and class four contributions, making the self-employed eligible for an increased range of benefits and making National Insurance for the self-employed voluntary. ■

Chesebrough move to single site

Chesebrough Ponds are closing down their Alfreton plant—where Prince Matchabelli products are manufactured—and moving production to their London factory.

The Willesden site in north west London currently handles Chesebrough's toiletry production, but they say the site is large enough to cope with the extra capacity and the Derbyshire operation will be moving "lock, stock and barrel", effective from May 1.

A spokesman for the company told C&D that the move in no way indicated a cut-back in production, but that in the prevailing economic climate it was a sensible cost-cutting exercise to concentrate production on one site.

All staff at the Alfreton plant will be offered employment in London, but no indication is yet available as to how many will be taking up the offer. Those unable to make the move will be offered redundancy compensation, or alternative employment with other local companies. ■

COMING EVENTS

Monday, February 9

Plymouth Branch, Pharmaceutical Society, Medical Centre lecture theatre, Greenbank Hospital, at 8 pm. Leslie's film evening.

London Branch, Retail Pharmacy Guild/ASTMS, National Hospital main committee room (first floor), 7 Queen Square, London WC1, at 8 pm.

Tuesday, February 10

Galea Group, Friends' Meeting House, Park Lane, Croydon, at 8 pm. Annual meeting and Mrs Warriner on "Among my souvenirs".

Harrow and Hillingdon Branch, Pharmaceutical Society, Himsforth Hall Clinical Research Centre, Northwick Park, Watford Road, Harrow, at 8 pm. Annual joint meeting with Harrow branch, British Medical Association, Claire Rayner on "Writing a problem page".

Leicestershire Branch, Pharmaceutical Society, Royal Infirmary postgraduate medical centre, Leicester, at 8 pm. Alan Smith, chief executive, PSNC, on "The new contract—the choice is yours".

South East Metropolitan Branch, Pharmaceutical Society, Lewisham Hospital medical centre, High Street, London SE13, at 8 pm. "Singleton's, Doultons' and Delftware". Members of the Southwark and Lambeth Archeological Society discuss pottery sites near to their headquarters.

Stirling and Central Scottish Branch, Pharmaceutical Society, Gordon Suite, Station Hotel, Working dinner with Mr. J. Macrae, education officer. Forth Valley Health Board, on "The clinical pharmacology of ideas".

Swindon & North Wiltshire Branch, National Pharmaceutical Association, Post House Motel, Swindon, at 8 pm. Michael Thornton on "Is the NPA on the right track?"

Wednesday, February 11

Isle of Wight Branch, Pharmaceutical Society, St. Mary's Hospital postgraduate medical centre, Newport, at 8 pm. Mr J. R. Howard-Tripp, Ames Co, on "Reagents and insulins".

Scottish Department, Pharmaceutical Society, 36 York Place, Edinburgh, at 7.45 pm. Professor D. C. Flenley, department of respiratory medicine, City Hospital, Edinburgh, on "Oxygen therapy".

Thursday, February 12

Epsom Branch, Pharmaceutical Society, Bradbury Centre, Epsom District Hospital at 8 pm. Dr D. Ringshaw, Beccham animal health research centre, on "Veterinary pharmacy".

Liverpool Branch, Pharmaceutical Society and Liverpool Branch, National Pharmaceutical Association, Adelphi Hotel, at 8 pm. Mr T. Astill, deputy secretary, NPA, on "New laws and the pharmacist".

North Nottinghamshire Branch, National Pharmaceutical Association, King's Mill Hospital postgraduate centre, Sutton-in-Ashfield, at 8 pm. Mr Donald Ross, on "One man's meat is another man's poison".

Reading Branch, Pharmaceutical Society and Reading and Berkshire Branch, National Pharmaceutical Association, Royal Berkshire Hospital postgraduate centre, London Road, Reading, at 8 pm. Mr Lewis Priest, vice-chairman, NPA, on "Problems facing the pharmacist in general practice today".

Briefly

■ **Armour Pharmaceutical (Ireland) Ltd** are moving their sales office from London to Dublin. From January 31, all communications should be addressed to Mr A. W. Roberts, Armour's sales manager, at: Kilbarrack Road, Dublin 5, Ireland. Telephone Dublin 322621; telex 5579; telegrams Armopharm Dublin.

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MARKET NEWS

Menthol prices held

London, February 3: The flurry in Brazilian menthol dealings noted in the last market report was not maintained during the past week. Despite origin quotations being firmer again by 10p/kg, spot offers were held at previous levels.

In the case of Brazilian peppermint oil, spot was 20p/kg under the replacement value. Elsewhere in essential oils camphor white, cananga, cedarwood and cinnamon leaf were all lower for shipment.

Spices were mostly unchanged on the week, an exception was Cochin ginger. This was firmer by £25 metric ton for shipment and by £10 on the spot.

Among botanicals podophyllum root was on offer after a long absence. Liguorice root and lobelia herb were lower for shipment while cascara and wild cherry bark were dearer.

Pharmaceutical chemicals

Dexpanthenol: (Per kg) £10.45 in 5-kg lots.
Dextromethorphan: £145.20 in 5-kg lots

Dihydrocodeine bitartrate: £535/kg in 20-kg lots; Subject to Misuse of Drugs Regulations.
Ephedrine: (Per kg), hydrochloride/sulphate £20.60 in 50-kg.

Ergotamine tartrate £4.25/g in 50-g lots.

Ergometrine maleate: £6.35/g in 50-g lots

Ether: Anaesthetic: BP 2-litre bottle £4.65

down to £3.65 each for 1,400 bottles;

one-metric ton lots, in 130-kg £1.85/kg. Solvent,

BP in 130-kg drums £1.34/kg.

Isoetharine hydrochloride: £125/kg for 1-kg lots.

Isoniazid: BP 1973 £4/kg in 300-kg lots.

Ioprenaline: Hydrochloride £75/kg; sulphate £65.

Kaolin: BP natural £173.40 per 1,000 kg; light

£180.90 ex-works in minimum 10-ton lots.

Magnesium carbonate: BP per metric ton—heavy

£740-£745; light £630.

Magnesium chloride: BP crystals £1.05/kg for

50-kg lots.

Magnesium dihydrogen phosphate: Pure £2.45/kg

in 50-kg lots.

Magnesium hydroxide: (metric ton) BPC light

£1,720; 28 per cent paste £520.

Magnesium oxide: BP per metric ton, heavy £1,700;

light £1,720.

Magnesium sulphate: BP £147.10-£150 metric ton;

commercial £125-£132.60; exsiccated BP £294.

Magnesium trisilicate: £1.30/kg in minimum

1,000-kg lots.

Opiates: (£ per kg) in 1-kg lots; subject to Misuse

of Drugs Regulations—Codeine alkaloid £600-£604

as to make; hydrochloride £520; Phosphate

£460.50-£462; sulphate £520. Diamorphine alkaloid

£821; hydrochloride £748. Ethylmorphine

hydrochloride £585.50-£591. Morphine alkaloid

£667-£668; hydrochloride and sulphate £544-£545.

Pentobarbitone: Less than 100-kg £25.67/kg;

sodium £25.71.

Pethidine hydrochloride: Less than 10-kg lots

£51.30/kg. Subject to Misuse of Drugs Regulations

Phenobarbitone: In 50-kg lots £8.12/kg, sodium

salt £8.47.

Pholcodine: 1-kg £538-£543 60-kg lots £493/kg.

Subject to Misuse of Drugs Regulations.

Phthalylsulphathiazole: 50-kg lots £8.95.

Physostigmine: Salicylate £2.48 per g; sulphate

£3.37 in 100-g lots.

Tartaric acid: £1,795 per metric ton.

Crude drugs

Balsams (kg) Canada: Unchanged at £11.80 on the spot; shipment, £11.65, cif. Copaiba: spot £3.40; £3.30, cif; Peru £9.95 spot; £9.70, cif, Tolu £6.15 spot.

Benzoic: £184 cwt, cif.

Cascara: £1,205 metric ton spot; £1,190, cif.

Cherry bark: Spot £1,190 metric ton; shipment

£1,150, cif.

Cloves: Madagascar £4,200 metric ton spot, £3,900, cif.

Gentian root: £2,665 metric ton spot £2,605, cif.

Ginger: Cochin £500 metric ton spot; £550, cif.

Other sources not quoted.

Honey: (per metric ton in 6-cwt drums ex

warehouse). Australian light and medium ambers

£690-£720 Canadian £750 Mexican £650.

Argentinian (white) £700.

Ipecacuanha: Matto Grosso no offers; Costa

Rican £27/kg cif.

Liguorice roots: Root, no spot; £520 metric ton,

cif. Block juice £1,400 metric ton spot;

Spray-dried £1,550.

Lobelia: European, no spot; £1.40/kg, cif.

Menthol: (kg) Brazilian £5.60 spot; £5.55, cif.

Chinese £4.60 spot; £4.40, cif.

Pepper: (metric ton) Sarawak black £750 spot,

£1,650 cif; white £1,050 spot; £2,100, cif.

Podophyllum: Root £505 metric ton, cif.

Essential oils

Bois de rose: £7.50/kg spot; £7.25, cif.

Camphor: White £0.90/kg spot; £0.77, cif.

Cananga: Indonesia £13.50/kg spot; £12, cif.

Cedarwood: Chinese £1.20/kg spot and £1.25, cif.

Cinnamon: Ceylon leaf £2.60/kg spot; £2.50, cif;

bark: English-distilled, £155.

Clove: Indonesian leaf £1.45/kg spot; shipment

£1.35, cif. English distilled bud £44.

Eucalyptus: Chinese £1.95/kg spot; £1.88, cif.

Patchouli: Indonesian £13 spot; £10.80, cif.

Peppermint: (kg) Arvensis—Brazilian £4.40 spot;

£4.60, cif. Chinese £3 spot; £2.85, cif. American

niperata £8.95, cif.

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The trade marks listed below were assigned on 26th March 1980 by Organon Laboratories Limited of Crown House, London Road, Morden, Surrey to Organon Teknika BV of Industrielaan 84, Oss, Netherlands WITHOUT THE GOODWILL OF THE BUSINESS IN WHICH THEY WERE THEN IN USE.

Mark	Number	Goods
PLANOTEST	889670	Chemical products for scientific purposes; laboratory reagents, being chemical products included in Class 1.
PLANOTEST	889671	Biological and serological pharmaceutical products.

Trade Mark No. 1076170 consisting of word NEWBORN and registered in respect of "Anti-perspirants, perfumes, cosmetic preparations, moisturising preparations for toilet or cosmetic purposes and dentifrices" was assigned on 9 January 1980 by Goya Limited of 161 New Bond Street, London W1 to Care Laboratories Limited of 161 New Bond Street, London W1 WITHOUT THE GOODWILL OF THE BUSINESS IN WHICH IT WAS THEN IN USE.

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X1—WEST MIDLANDS

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X2—WEST MIDLANDS

—Small town, high street lock-up shop, on rent at £1,650 per annum. Expensive premises yielding turnover in 1979 of £153,000. Scripts average 2,200 per month. Offers invited for goodwill, fixtures and fittings around £25,000. Plus stock at valuation approximately £14,000.

X3—WEST MIDLANDS

—Lock-up shop on lease from council at £1,250 per annum. Turnover year to 31st December 1979 £146,906. Scripts average 3,500 per month. Scope for improvement of counter-trade. Offers invited for goodwill, fixtures and fittings around £35,000 plus stock at valuation approximately £12,000.

X4—MERSEYSIDE

—City outskirts council estate. Lock-up shop on rent at £624 per annum. 1980 turnover approximately £80,000 with scripts averaging 1,850 per month. Sideline giving contribution to overheads. Goodwill, fixtures and fittings £16,000 plus stock at valuation approximately £15,000.

X5—CHESHIRE/LANCASHIRE BORDER

—This high street Pharmacy offers considerable scope for improvement by an energetic owner. Scripts average 1,500 per month. Turnover over £80,000 per annum. Freehold property for sale at £17,000. Goodwill and fixtures £3,500. Stock at valuation approximately £12,500. The present owner is retiring.

X6—CENTRAL LANCASHIRE

—Main road Pharmacy close to the centre of a character full town, dispensary approximately 1,600 scripts per month. Turnover to 31st May 1980 £68,798. Freehold property for sale at £12,000 although a lease would be considered. Stock at valuation approximately £10,000. Offers invited for goodwill and fixtures.

X7—HUMBERSIDE COASTAL RESORT

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X8—CLEVELAND

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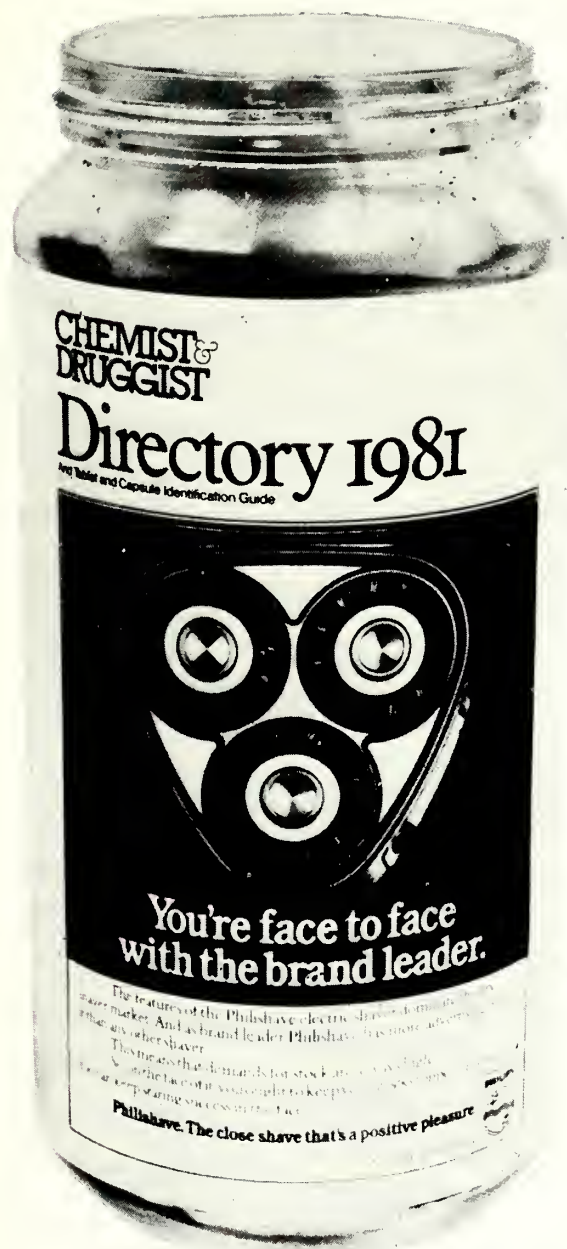
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